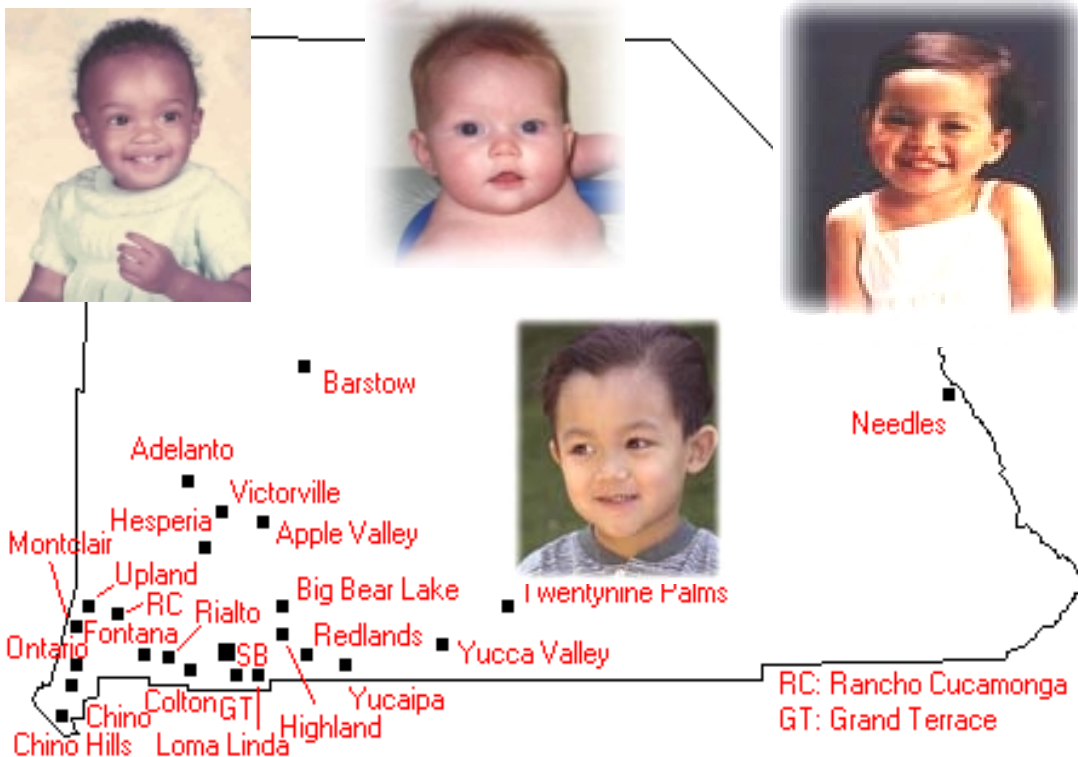


# CHILDREN AND FAMILIES COMMISSION FOR SAN BERNARDINO COUNTY



## STRATEGIC PLAN

ADOPTED APRIL 2000

**CHILDREN AND FAMILIES COMMISSION  
FOR  
SAN BERNARDINO COUNTY**

**April 2000**

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**Fred Aguiar, Chair  
Board of Supervisors**

**Thomas J. Prendergast, Jr., M.D., Vice Chair  
Public Health Officer**

**Sister Sharon Becker  
St. Mary Regional Medical Center**

**Ann Davis-Schultz  
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## ACKNOWLEDGEMENTS

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Arts Council for San Bernardino County  
American Heart Association  
American Red Cross  
Barstow Resident Advisory Council  
Bethel Community Outreach  
California State University  
San Bernardino  
Tri-County Dental Society  
City of Barstow  
City of Ontario  
City of San Bernardino  
Coalition for a Tobacco Free  
San Bernardino  
Consortium for Multi-Cultural Projects  
Desert Mountain SELPA  
Early Start  
Resource Network  
Inland Valley Daily Bulletin  
Fontana Unified School District - PAT  
Haley House Women's Shelter  
Unified School District  
High Desert Youth Center  
Inland Empire African American Health  
Inter Faith Council – Redlands & Upland  
Liberia Del Pueblo, Inc  
Lutheran Social Services  
Morongo Valley Children's Art & Recreation  
New World Language Services  
Ontario / Montclair School District  
Perinatal Coalition – Children's Network  
Reach Out West End  
Day Nursery  
Rim Family Services  
Family Daycare  
St. Mary Regional Medical Center  
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San Bernardino Valley College  
Silver Valley Unified School District

American Cancer Society  
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Barstow Community Hospital  
Barstow Community College  
Building A Generation Coalition  
Catholic Charities  
Chaffey Joint Union High  
School District  
City of Chino  
City of Montclair  
Chino Valley Unified School District  
Comprehensive Health Advisory  
Concordia Christian School  
Desert Manna Ministries, Inc.  
Dental Disease Prevention Program  
Family Solutions Collaborative Family  
First Nation's Education & Resource  
Center  
Grandparents Are Us  
Healthy Start – Apple Valley Hesperia  
Lucerne Valley Unified School District  
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Joshua Education Foundation EDEX  
The SUN Newspaper  
March of Dimes  
Mojave District Boy Scouts  
Oasis Counseling  
PAL Center  
Perinatal Services Partnership  
Redlands Community Hospital Redlands  
Rialto Unified School District  
Rim of the World School District Robin's  
St. Bernardine Medical Center  
San Antonio Community Hospital  
Totally Kids Specialty Health Care  
San Bernardino Child Advocacy  
Teddy Bear Tymes

The Rock Christian Center  
Victor Valley Domestic Violence  
Action Group

The Press Enterprise  
Westside Story Newspaper Westside  
University of California at Riverside  
Office of Community Research Projects

**Loma Linda**

University  
School of Dentistry

Medical Center  
School of Public Health

**San Bernardino County Departments**

Arrowhead Regional Medical Center  
Behavioral Health  
Court – Superior  
Human Services System  
Information Systems  
Parks & Recreation  
Public Health  
TURN

Board of Supervisors  
Children's Network  
District Attorney  
Head Start Program  
Libraries  
Probation  
Perinatal Programs

**United Way Offices**

Arrowhead  
East Valley

Desert Communities

**YMCA**

Greater San Bernardino  
Redlands  
Ontario / Montclair

Mt. Baldy  
Chino Valley

**THANK YOU!**

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## **Executive Summary**

The Children and Families Commission for San Bernardino County was created in December 1998 in order to realize the benefits of Proposition 10 for the County's youngest residents and their families. The Commission had its first meeting on March 29, 1999, and decided to begin the process of gathering community input by scheduling five Community Forums throughout the County. The Community Forums were held during the months of May and June 1999. The Commission also held twenty (20) meetings, which included extensive public interaction, related to the needs and gaps in service for early childhood development in our County.

The Executive Director for the Commission was appointed in mid-December 1999, and five (5) Ad Hoc Committee meetings were held during the months of January and February 2000.

With the wealth of information provided by the community, which included parents, service providers and professionals, the Children and Families Commission for San Bernardino County has adopted the following vision, mission, and belief statements:

### **Our Vision Statement**

Whether they are located in the mountains, deserts or valleys, every community in San Bernardino County will nurture its children and families to promote their maximum potential and well-being.

## **Our Mission Statement**

The Children and Families Commission of San Bernardino County will facilitate the growth of all of our young children (prenatal to five) through an integrated system of quality childcare and development, health care and increased family functioning through parent education and / or support. With the input of the community, the Commission will undergo strategic planning, implementation and oversight of a strong and effective child / family support system of services.

## **Our Belief Statement**

We believe a child's basic needs for protection, nutrition and health care must be met to support physical development.

We believe cognitive, social and emotional development are supported by meeting a child's basic human needs for affection, security, social participation and interaction with others. We believe a child's educational needs are met through intellectual stimulation, exploration, imitation, trial and error, discovery and active involvement in learning, and experimentation within a safe and stimulating environment.

Adapted from California Children and Families Commission Guidelines

This Strategic Plan identifies three common needs or gaps in services for the young children and families in San Bernardino County, and proposes short-term and long-term strategies addressing those needs.

These three areas are:

### **ISOLATION FROM SERVICES**

The Commission recognizes that children whether in rural or urban areas have serious needs. There may be needs for childcare, medical, dental and / or social services. It is understood that lack of resources, insurance, local transportation, interpreters and / or other critical necessities results in isolation. The Commission is committed to addressing these problems and ensuring that cultural, ethnic and linguistic issues or special needs are appropriately met.



## CURRENT GAPS AND DUPLICATION OF SERVICE

Currently, there is little integration of services. Providers of services to young children and families recognize sharing resources, leveraging funds and coordinating activities will enhance the quality of their work with children and families. The Commission recognizes it will increase the number of clients served and / or types of services provided.

## PREVENTION / EDUCATION / INTERVENTION

Early brain development research has sounded the alarm. The Commission recognizes that we must reach children, especially before birth, to make positive differences in their lives. Because the Commission recognizes the importance of prevention and education, all funded programs will be required to produce outcome measures that address prevention, education and intervention.

This Strategic Plan is a “living document” and is the compass for the Commission’s work. The Commission acknowledges that the Plan for our County will continue to evolve. This is recognized as a bold, new approach to developing programs / services for prenatal to five year old children and their families. Lessons, experience and improved outcomes will no doubt influence strategies for the future.

The Commission identified isolation, gaps and duplication of services as well as, the need for prevention and education. This Plan identifies three goals. The goals are:

### **Goal I**

**“Effective Connections / Access” between agencies, service organizations, care providers, and families with children (prenatal to five)**

### **Goal II**

**“Quality / Integrated Services” for children (prenatal to five) and their families**

### **Goal III**

**“Countywide Leadership” in collaboration, assessment and leveraging services for children and families.**

The Commission understands that dreaming does not necessarily make it so .... Leadership and hard work will make our vision a reality. The Commission and community have accepted the responsibility and challenge afforded by the Children and Families Act of 1998.

# California's Prop 10 Story



## California's Prop 10 Story

California voters affirmed recent research in brain development by passing the California Children and Families Act of 1998. They clearly understood that supporting children (prenatal to five) in all aspects of their lives would result in healthy productive residents of California in the years to come.

The California Children and Families Commission and State Trust Fund were formed by statute, California Health and Safety Code and the Revenue and Tax Code (Attachment A). The intent of the act is to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and service to enhance optimal early childhood development. Local flexibility in decision-making and design are critical components with the intention of eliminating duplication and filling existing gaps.

The state governing body, California Children and Families Commission, serves as an umbrella and support center for county commissions. The State Trust Fund allocates twenty percent of the funds collected by the State, to the State Commission and divides the remaining eighty percent among the county commissions based on the annual number of births and county of residence of the mothers.

The State Commission began its work with a vision of:

**"All California children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society."**

Their mission clearly reflects a scientific understanding of human development, and the will of California's voters:

*"Current research in brain development clearly indicates that the emotional, physical and intellectual environment that a child is exposed to in the early years of life has a profound impact on how the brain is organized. The experiences a child has with respect to parents and caregivers significantly influences how a child will function in school and later in life.*

*The California Children and Families Act of 1998 is designed to provide, on a community by community basis, all children prenatal to five years of age with a comprehensive, integrated system of early childhood development services. Through the integration of health care, quality childcare, parent education and effective intervention programs for families at risk, children and their parents and caregivers will be provided with the tools necessary to foster secure, healthy and loving attachments. These attachments will lay the emotional, physical and intellectual foundation for every child to enter school ready to learn and develop the potential to become productive, well-adjusted members of society."*

California Children and Families Mission

Demonstrating leadership, the nine-member State Commission has, and continues to offer support to County Commissions. Details of the work are too numerous to mention in this document, however, they include the following:

- Increased public awareness campaigns using all forms of media
- Produced Guidelines for Counties to utilize for their strategic plans
- Provided resources - print material and other
- Provided legislative development / support
- Provided electronic communication via web site and e-mail
- Conducted training for County Commissioners and Staff
- Assisted county commissions through on-site technical assistance
- Developed a communication format for County Commissioners / staff.

Many accomplishments are now a part of the California Children and Families Commission's history. The future is brighter than ever before for California's youngest residents because the majority of the State's counties are actively addressing gaps, duplications and strengths in services for children and their families by implementing local commissions for children and families. The development of strategic plans and implementation by county commissions create a "quilt" of support for California's children.

# **Local Commission Planning Process**

## **Local Commission Planning Process**



## **Local Commission Planning Process**

### **Background**

The Children and Families Commission was created by the adoption of an ordinance by the San Bernardino County Board of Supervisors in December 1998. The ordinance added Chapter 29 to Division 2 of Title 1 of the San Bernardino Code, establishing a seven (7) member commission and trust fund pursuant to the Children and Families First Act of 1998 (Attachment B).

The Act set forth the requirement that one member of the local commission be a member of the Board of Supervisors and two members must be from among the county health offices and persons responsible for the management of the county functions: children's services, public health services, behavioral health services, social services, tobacco and other substance abuse prevention and treatment services. To comply with this requirement the following members were appointed to the commission:

**Fred Aguiar**

Fourth District Supervisor

**Thomas J. Prendergast, Jr., M.D.**

Director of Public Health

**John F. Michaelson**

Assistant County Administrator for  
Human Services (Attachment C).

Pursuant to the Act, the remaining four members are required to be persons from the following categories: recipients of project services included in the strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, or a local child care coordinating group; representatives of a local organization for the prevention or early intervention for families at risk; representatives of community based organizations that have the goal of promoting nurturing environments and early childhood development; representatives of local school districts; and representatives of local medical, pediatric or obstetric associations or societies. The San Bernardino County Board of Supervisors appointed

the (4) members of the Children and Families Commission on March 2, 1999: (Attachment D).

**Sister Sharon Becker**

Vice President, Sponsorship  
St. Mary Regional Medical Center

**Guillermo Valenzuela, M.D.**

Chairman, Women's Health  
Arrowhead Regional Medical Center  
San Bernardino County Medical Society

**Loren Sanchez, Ed.D.**

Retired Superintendent, Upland Unified  
School District

**Ann Davis-Schultz**

Coordinator of Grants and Resource  
Development, Redlands Unified School  
District

### **Community Input Process**

The first Commission meeting was held on March 29, 1999 and a decision was made to begin community outreach by holding Community Forums throughout the county. The purpose was to inform the communities about the Commission's role in the implementation of early childhood development programs, and to identify gaps in services through input from community members.

The Children and Families Commission recognized the critical importance of involving the community in the development of the Strategic Plan. To provide for optimum input, four methods were utilized to ensure involvement of the community in the development of this strategic plan:

- Community Forums
- Commission Meetings
- Ad Hoc Committee Meetings
- Written Communication

The Commission recognized the opportunity before them. Never before, has the entire community had the ability to develop strategies for programs and services that are not mandated by governmental agencies, without eligibility criteria and with total local flexibility and control to truly make a difference in the lives of young children and their families. Phrases like "not business as usual", "from the bottom up", "for **all** children prenatal to 5", and "not a part of county government" were commonplace throughout the planning process.

The Commission emphasized that community involvement and input were critical to the success of developing a strategic plan focused on outcomes based accountability for services and programs for early childhood development. In an aggressive public outreach effort a large number of handouts were prepared, in both English and Spanish, including a summary of the law, fact sheets, brochures and question and answer

sheets. These handouts were widely distributed throughout the county to individuals and organizations to allow as broad an understanding of the Act as possible through the written word.

## COMMUNITY FORUMS

Five Community Forums were held following an extensive outreach campaign through newspaper notices, public service announcements, mailings to over 500 community and / or faith based organizations and government agencies. Each Commissioner played an active role in reaching out to the community through contacts to individuals and / or groups. During the months of May and June 1999, Community Forums were held in Ontario, San Bernardino, Apple Valley, Barstow and Yucca Valley. Interpreters for the hearing impaired and Spanish speaking participants were provided at each Community Forum. Over 200 members of the community participating in the forums presented the Commissioners with diverse issues related to needed services for young children and their families.

Given the size of San Bernardino County, over 22,000 square miles, there are significant geographic and cultural diversities. The input received at each community forum was specific to the area. (See Attachment E. for a summary of each forum). While local needs were identified, there were five themes common throughout the County:

- Isolation and remoteness of children and families from existing services, including health care, literacy, parental education and support, transportation and affordable quality childcare.
- Home visitation types of programs that integrate services to children and families, including but not limited to: health and nutrition education, resources, literacy, prenatal care, immunizations, parenting skills and smoking cessation.
- Toll free phone resources for health care information, parenting education and skills information (Crisis avoidance).
- Services for oral health education, including nutrition and proper oral care for infants and young children.
- Culturally and ethnically sensitive service delivery programs for diverse populations of San Bernardino County for prenatal to five-year-old children and their parents.



"Society must be able to count on parents to have the moral sense, the beliefs, and the capacity ..... We must also be aware that *individual parents cannot meet their responsibilities in our complex, twenty-first-century world without support from outside.*"  
*Lisbeth B. Schorr, Common Purpose*



## COMMISSION MEETINGS

The Children and Families Commission held a total of twenty (20) meetings (excluding the five (5) Community Forums) beginning on March 29, 1999, with the latest meeting on April 17, 2000.

Commission meetings were conducted in an open, informal, and inclusive format in compliance with the Brown Act. All Commissioners, staff and members of the public were encouraged to fully participate and share ideas, concerns, suggestions and questions relevant to the Children and Families Act of 1998. At the same time, the Commission dealt with a myriad of administrative matters necessary for effective development of the Strategic Plan and business operations. In order to ensure full communication, a web site was developed to provide information on the activities of the Children and Families Commission, as well as links to other resources to assist individuals and organizations. While the official site was being developed, Loma Linda hosted the Commission's activities on the Healthy Cities web site.

The Commission desired to maintain as much autonomy as possible and in furthering that goal, conducted nationwide recruitment for an Executive Director to provide leadership and support services to the Commission. The Executive Director was hired in December 1999. A Memorandum of Understanding was finalized with the San Bernardino County Auditor / Controller - Recorder to manage all of the financial services for the Commission, but in general, all other functions of the Commission and staff operates as a separate public entity. This is consistent with the intent of the Commission's efforts to be independent and provide equal opportunities to all organizations, agencies, and individuals in the development of early childhood programs and services for the children of San Bernardino County.

Where as individual comments cannot be listed in their entirety, community input during the Commission meetings included:

- Needing to recognize and include all of the county's Native Americans in the strategic planning process.
- Focus attention and resources on gaps in services and programs.
- Home visitation for the parents of newborns to provide parenting services, including outreach to assess risks, such as substance abuse and provide referral to needed services.
- Affordable, quality child care for families. There are over 5000 families on waiting lists for quality childcare.
- Need for creative and effective service delivery systems as opposed to traditional approaches.
- Improvements in outreach activities for families and children to connect them with the available programs and services.

## AD HOC COMMITTEE MEETINGS

Ad Hoc Committee meetings were facilitated by the new Executive Director and furthered the work begun by the Commission. In gathering input to the Strategic Plan the public was invited to assist with the final stage of information collection to ensure inclusion of as many facets of the community as possible.

Each Ad Hoc meeting began with a review of the purpose of the Children and Families Commission and the local Commission's "Road Map" to the plan (Attachment F). The groups were briefed on the findings and work produced by the previous group and each group was asked to enhance the work. This process allowed for a progressively better product as the committee makeup changed from meeting to meeting.

Resource identification and development of "Needs Themes" was one of the committees' significant activities. Identified resources and needs were categorized in State Commission Guideline Focus Areas: Child Development / Care; Child Health and Well Being; Parent Education and Support (see Attachment G). During the final two Ad Hoc meetings, the Committee drafted goals, objectives, strategies and results as recommendations to the Children and Families Commission.

Five full day sessions were held as follows:

- January 18, 2000      Mt Baldy United Way,  
   Rancho Cucamonga
- January 24, 2000      San Bernardino County Government  
   Center, San Bernardino
- February 2, 2000      Mt Baldy United Way,  
   Rancho Cucamonga
- February 9, 2000      San Bernardino County Government  
   Center, San Bernardino
- February 23, 2000      Desert / Mountain Education Center,  
   Apple Valley

Eighty-one (81) people from varying disciplines contributed to the Ad Hoc Committee work. A wide range of interests and expertise existed in participants from the following areas: community and faith based, volunteer, parents, parents in recovery from substance abuse, school and government representatives and executive officers of large service agencies. Each brought a unique perspective, shared graciously, and participated in the work of the Children and Families Commission for San Bernardino County. Their ideas and suggestions have been synthesized and captured in proposed goals, objectives and strategies presented to and by the Commission.

## WRITTEN COMMUNICATIONS

Recognizing transportation barriers and time restraints the Commission encouraged the community to provide written communications. Written input was received from organizations and individuals that were unable to attend the Community Forums or Commission meetings, and those that attended and wanted to provide written comments in addition to their oral comments.

Topics in the written communications were consistent with input received during the Community Forums, Commission meetings and Ad Hoc Committee meetings. The major areas of identified needs were smoking cessation programs, education on the detriments of secondhand smoke, need for child care capacity building, services for special needs babies, including early assessment, dental health education and services, and home visitation programs which provide integrated, comprehensive services for children and their families. (See Attachment H. for a sample of written communications received by the Commission).

## PUBLISHED DATA

The Commission recognized that there is a wealth of data available at the national, state and local levels outlining the resources available to and the needs of children and families. County statistics found in this document were especially helpful in identification of gaps and development of goals to affect positive outcomes. (A listing of the documents referenced is found in Attachment I)

# Assets / Needs Conclusions

*Assets / Needs Conclusions*

## Assets / Needs Conclusions

### DEMOGRAPHICS

San Bernardino County is the largest county in the contiguous United States encompassing over 22,000 square miles. With a population of 1.6 million people. It has 185,239 children ages 0 - 5 (approximately 11% of the total population). According to the California Department of Health Services, the County has the fourth highest birthrate with 28,319 live births in 1997, and preliminary data for 1998 predicts 28,245 live births.

The Children Now - California County Data Book '99 indicates the following ethnic diversity for children 0 to 5:

Latino	46%
White	39%
African-American	9%
Asian	5%
Native American	1%

In 1995, of all children living in poverty in San Bernardino County, 25.7% were children ages 0-4, and in 1998, of all children receiving public assistance (TANF), 21.1% were children ages 0-5. (See Attachment J. from Children Now - California County Data Book '99 pages 80-81).

According to The 1999 Child Care Portfolio, "San Bernardino County has the 29<sup>th</sup> highest rate of child poverty among California's 58 counties." This document also contains data that supports the identified need for affordable, quality childcare slots. This is particularly true for the age group targeted by the Act. (See Attachment J. The 1999 Child Care Portfolio, [2 pages] "Child Care Supply in San Bernardino County".)



Report On The Child Care  
"The shortage is worst in San Bernardino County, where licensed child care is available for only one in every seven children with working parents."

California Child Care Resource and Referral Network

## ASSETS / NEEDS

The Strategic Planning process has challenged the Commission to consider the comprehensive, all-inclusive needs of pregnant women, children 0-5, and their families. There is no single document or resource currently available that identifies all of the assets available within the County. However, there are many existing studies, reports, and planning efforts currently underway. These provided the Commission with a starting point in its efforts to provide effective strategies.

It is evident that this planning process will need to be ongoing and require resources and leadership to build on existing services and research. Coordination of the various planning activities must be integrated to produce an accessible service delivery system. A number of groups and organizations have developed a resource directory specific to their needs. Many of the services listed are duplicated. Some organizations and groups are unaware of the others' efforts. These directories contain valuable information and referral resources. The Commission has a role in ensuring the consolidation of these resource directories to develop effective connections.

## INCREASED PARENT INVOLVEMENT

The Commission recognizes that promoting involvement of parents and other members of the community in a nontraditional planning process is invaluable to build community assets that are targeted for children and families in order to sustain long-term positive results. Community and / or faith based organizations continue to be especially effective in facilitating parent involvement.

# Goals / Objectives / Strategies / Results

## **Goals / Objectives / Strategies / Results**

The Commission identified goals, objectives and appropriate strategies to support their vision. This was not an easy task. San Bernardino County is not only culturally and ethnically diverse; it is geographically diverse and as large as some states. Coordination and equitable distribution of resources is a serious issue for care providers and residents. With this in mind, the Commission identified these goals:

### **EFFECTIVE CONNECTIONS**

The Commission understands one of the largest barriers to young children and families in San Bernardino County is the lack of “connections” between providers of information and / or services and families. Goal I calls for a “one stop” information link to providers and linkages to medical assistance, parent education and childcare. A “parent help line” that answers questions, links, and provides prevention support, is intended to be part of the “one stop” information link. Coordination between professional and volunteer providers of service is another connection that reduces the barrier. It will also address the question of duplication of services.

Transportation and translation assistance are other connection items addressed by this plan. They will be linked to the “parent help line” offering appropriate accessible services.

### **QUALITY / INTEGRATED SERVICES**

Services to children (prenatal to 5) and their families will be enhanced or increased by Goal II. All services are ethnically, culturally and linguistically diverse and address special needs. Some of the types of services that may be addressed are:

- Home visits to families with young children
- Distribution of welcome baby kits
- Child care / development
- Parent education
- Health (physical, mental and dental) services and education.

Tobacco and other drug use prevention and / or cessation services are to be interwoven as appropriate in all work with young children and families. Goal II is where the “rubber hits the road”, in this enormous County. This Goal allows providers to reach out to children and families through new venues and in greater numbers than ever before.



## COUNTYWIDE LEADERSHIP

Goal III is the mechanism to make Goals I and II a reality. The Commission is committed to true collaboration through the sharing of resources, responsibilities and rewards in the service provided to young children and their families. Grantees will be provided with technical assistance, capacity building oversight and invited to participate with input and evaluation of the ongoing strategic plan.

Another facet of Goal III is to work alongside all organizations, collaborative groups, committees, volunteers, and elected officials in the service of children and families. We must standardize the type and format of data collected and its interpretation in order to properly evaluate this work and plan for future.

With these three goals in place, the Commission acknowledges the complexity of the task and the potential positive impact the work will have on children and families. For that reason, the mobilization of existing collaboratives as well as facilitating the implementation of others to form a truly integrated system for children and families is the key to success. The Act and resulting Guidelines encourage countywide collaboratives that include: private entities, public agencies, community and faith based organizations, parents, volunteers and others working together, as equal partners. The Commission fully supports the integrated / collaborative model of service by all categories of care providers.

As the next step, the Commission identified nine objectives, which support and link the three goals. The objectives outline what is to be done to reach the goals and the strategies show how the goals will be reached. The short-term results indicators are listed in the following pages. They identify who is affected and when goals are met.



# GOAL I

## “Effective Connections / Access”

between agencies, service organizations, care providers, and families with children  
(prenatal to five)

Objectives	Strategies	Short Term Indicators	Results
A. Reduce and / or eliminate barriers, to support children and families, caused by lack of access.	Research and / or develop transportation systems which families with infants and young children may utilize in non-emergency situations.	Increase in number of organizations and others who will provide transportation for families with infants and young children for non-emergencies.	50% decrease in emergency services required by "isolated" children by June 30, 2005.
B. A Family Information System easily utilized by parents / others who need assistance.	Identify, enhance, or create a Family Information System easily utilized by parents and families who need assistance.	Increased number of knowledgeable people due to utilization of the system. Feedback via surveys addressing results.	A unified information system that will facilitate services to children and families by June 30, 2005.
C. A "One Stop" Connection to: agencies, organizations, care providers and other services for families with children.	"Parent Help Line", coordinated with existing services available for all parents and / or caregivers for non-emergency needs.	Increased number of people utilizing the Parent Help Line". Feedback via surveys addressing results.	Reduction in cases of child abuse, neglect or abandonment by June 30, 2005.
D. Identification, enhancement or creation of a Provider Information System that is effectively utilized by those who facilitate assistance.	Coordinate current professional information systems and resource data to develop one united and comprehensive professional information system easily accessed by caregivers.	Increased number of professionals and agencies participating in collaborative work. Feedback from collaborative partners addressing results.	A unified system which will facilitate services to children and families. A system which will provide ongoing and relevant support among professionals by June 30, 2005.

## GOAL II

### “Quality / Integrated Services” for children (prenatal to five) and their families

Objectives	Strategies	Short Term Indicators	Results
A. Provide and facilitate the use of appropriate resources / revenue to entities that can best serve children and families.	Increase / enhance home visitation programs for families with infants and children. (Areas addressed may include but are not limited to: breast feeding, special needs, nutrition, etc.)	Increase in the number of home visits to families with infants and young children.	75% increase in positive developmental outcomes for children and families.
	Distribute "Welcome Baby Kits" (including local information) to all new parents in the county.	Increase in the number of families that receive the "Welcome Baby Kits" and local referral information.	"Welcome" kits will be distributed to 90% of families with new babies: biological, adopted, or foster.
	Enhance infant and child care that includes off-hour / weekend services by providing incentives to care providers.	Increased hours available for licensed infant / child care.	25% increase in affordable infant and child care by June 30, 2005
	Identify resources / options for "working poor" families who require child care.	Increase in the number of options for families such as sliding fees, share resources and / or child care cooperation.	Children will be cared for in appropriate settings at all times.
	Provide child development education opportunities for child care staff.	Increased number of child development classes offered at a variety of learning levels.	30% increase in the number of trained child development / care providers by June 30, 2005.
	Provide education opportunities for parents and families, in child development and related issues, i.e., breast feeding, infant cues and toddler behavior, etc.	Increased number of child development classes offered to parents at a variety of learning levels.	30% increase in the number of parents graduating classes and demonstrating good parenting skills by June 30, 2005.

**GOAL II - continued**  
**“Quality / Integrated Services”**  
**for children (prenatal to five) and their families**

<b>Objectives</b>	<b>Strategies</b>	<b>Short Term Indicators</b>	<b>Results</b>
	Deliver ongoing training for professionals in referral / case management to all levels.	Increase in professionals completing training.	90% of professionals trained by June 30, 2005.
	Increase dental treatment and prevention for children.	Increase in dental programs for children and their parents.	75% reduction of dental disease in young children by June 30, 2005.
	Enhance / increase immunization program accessibility for all infants and children.	Increase in the number infants and young children who are immunized.	90% increase in infants and young children who are immunized by June 30, 2005.
	Enhance / increase healthcare (physical and emotional) access and services for children (asthma, special needs, behavior, etc) .	Increase access and / or the number of services to infants and young children in need.	90% increase in access and / or services to infants and young children in need by June 30, 2005.
	Increased tobacco and other drugs prevention / cessation for expectant mothers and family members of infants and children by providing support and incentives to not use or stop using.	Increase of support programs for expectant mothers and other family members to not use or stop using tobacco and other drugs.	50% decrease in the percentage of expectant mothers and members of infants and young children's families who use tobacco and other drugs by June 30, 2005.
	Enhance quality / innovative services to expectant mothers throughout the County.	Increase in mothers utilizing these prenatal services.	90% decrease in mothers who deliver without receiving prenatal care by June 30, 2005.

## GOAL III

### “Countywide Leadership”

**collaboration, assessment and leveraging in services for children and families**

Objectives	Strategies	Short Term Indicators	Results
A. Enhance collaboration between public / private agencies through shared responsibility, revenue and rewards.	Commission staff and consultants will mentor grantee programs to assist with collaborative and coordination efforts.	Reduction in service duplication and gaps to children (prenatal to five).	95% children (prenatal to five) receiving appropriate / quality support services by June 30, 2005.
B. Encourage and / or require leveraging of resources by matching grants and / or one time funding that support appropriate strategic results.	Commission staff and consultants will provide expertise in maximizing resources and leveraging revenue for programs serving children and families.	Increase in effective use of revenue allocated for the County's children.	95% increase in effective expenditure of revenue by June 30, 2005.
C. Enhanced / quality services and program operation for children and families.***	Commission staff and consultants will evaluate program outcomes / results and offer assistance as required.	Increased standardization of data collection by programs serving children and families.	80% standardization of data that utilize outcome measures by June 30, 2003.
D. Enhanced / quality communication between care providers and others serving children and families.	Commission Staff will serve as a liaison to the State and other county commissions.	Increase in appropriate information utilized by those that serve children and families.	80% decrease in care providers working in isolation from one another by June 30, 2003.

\*\*\*Based on "In-Depth Results Accountability" Mark Friedman, 1999



Numerous studies have documented a range of potential benefits of early intervention for children and their families. These benefits span the domains of cognitive and behavioral outcomes, educational attainment, economic resources, and health. Our cost-savings analysis and the work of others (Barnett, 1993) have shown that these benefits have the potential to generate savings to government that more than pay for the cost of the program generating them.

Investing In Our Children: Rand

# Revenue Allocation / Administration

## **Revenue Allocation / Administration**

The Commission's allocation plan is designed to support a long-term commitment that will maximize the opportunities in the Children and Families Act of 1998. Leveraging of resources, capacity building through collaboration among private, public and nonprofit community and faith based organizations is the basis of this design. The foundation of the Plan is to build community systems that remove duplication and fill gaps in services. The creation and maintenance of connections between care providers and families with young children is critical in order to provide innovative / research based services.

### **Funding Priorities are:**

- Funding will address the needs outlined in the strategic plan with priorities to include geographic, ethnic, cultural, linguistic and special needs. Additionally, all proposals will be considered as to how the following are addressed:
  - Parent / Caregiver Support and Education
  - Child Development & Care
  - Child Health & Wellness.
- Outcome evaluation is critical to the success of the program. Budgeting for evaluation to insure appropriate future expenditures is imperative to ongoing positive outcomes for young children and families.
- The Commission will provide leadership for ongoing asset and need assessment: planning, training, mentoring and capacity building. This will be accomplished by utilizing the expertise of staff, consultants and grantees.
- An Endowment Fund will be maintained to facilitate a long-term funding stream to support the ongoing work of the Children and Families Commission for San Bernardino County. The intent of the Act is to reduce tobacco use. Reduction in tobacco use is expected to result in an annual 3% decline in revenue. It is anticipated that inflation will reduce "purchasing power" by 4% each year. County population increases, especially in young children, continues to be among the highest in the State. Each of these factors is worthy of careful consideration. It is incumbent upon the Commission to maintain a sufficient Endowment Fund.

It is acknowledged that the breadth and depth of this system change will require significant effort and time. To that end, a portion of the funds should be allocated for planning and some infrastructure development (capital improvements).

Revenue allocation to grantees should be based on:

- Cultural, ethnic, linguistic and geographic appropriate services and activities.
- Participation in collaborative / integrated delivery of services and systems to include all categories of service providers, public, private, community and faith based representatives.
- Participation in quarterly on-site evaluation activities, including a written report, designed to foster outcome based results and be performed by Commission staff / contractors.

### **Funding Process**

Request for Proposals (RFP) will contain detailed information regarding the funding process. The RFPs will be available on the Commission web site and will be distributed widely to the public. Possible distribution sites may include: community based organizations, cities, school district, faith based groups, child care and education centers.

A minimum of four (4) Proposer's Conferences will be held throughout the County. These conferences will provide detail information specific to the RFP. Following the Bidder's Conference there will be a technical assistance session designed to assist beginning and intermediate level grant writers. **Attendance at one of the Proposer's Conferences is mandatory for submission of a proposal.**

A Letter of Intent to submit a proposal is mandatory for submission of a proposal.

A group of impartial individuals will review and rate the proposals according to criteria presented in the Request For Proposal (RFP). Each proposal will be reviewed by a minimum of three raters. The proposals will be prioritized according to rating criteria, and recommendations will be presented to the Commission by staff.

The Commission will take action on the funding recommendation at a public meeting. All entities submitting RFPs will receive written notification as to whether the proposal will be funded.

**Note: The intent of the Commission is that direct service funding will be equally considered, according to need, in the following areas:**

- **Child Development & Care**
- **Child Health & Wellness**
- **Parent / Caregiver Support & Education**
- **Geographic Equity.**





## **Administration Commitments**

- Expenditure of funds for administration will be kept at a minimum and will not exceed 9% of the annual receipts. Please note that the attached recommendation sets administrative costs at 3% for this year.
- Prudent fiscal management designed to support generations of children with development, optimum health and family functioning.

# Allocation Plan

<b>FUND CATEGORY</b>	<b>Jan 99 – June 99 START UP YEAR</b>	<b>July 99 – June 2000 YEAR ONE</b>	
<b>Effective Connections Quality Integrated Services</b>		<b>\$ 24,300,000</b>	<b>78%</b>
<u>Direct Services</u> Referral, health, dental, child care, transportation, education, staff development and other services			
<b>Countywide Leadership</b>		<b>\$5,000,000</b>	<b>16%</b>
<u>Capacity Building / Planning</u> One time capital improvements Pilot collaborative projects for leveraging / maximizing funds			
<b>Endowment Fund</b>	<b>\$10,000,000</b>		
Trust account to insure long- term funding for programs that support young children and families			
<b>Leadership – Evaluation</b>		<b>\$900,000</b>	<b>3%</b>
<u>Connections - Mentoring - Training</u> to promote of high standards			
<b>Administration</b>	<b>\$361,366*</b>	<b>\$800,000</b>	<b>3%</b>
<b>Total</b>	<b>\$10,361,366</b>	<b>\$31,000,000</b>	<b>100%</b>

\* Planning revenue from State Commission allocation

**NOTE: Revenue received during fiscal year July 1, 1999 to June 30, 2000 will fund program expenses fiscal year July 1, 2000 to June 30, 2001.**

# Conclusion

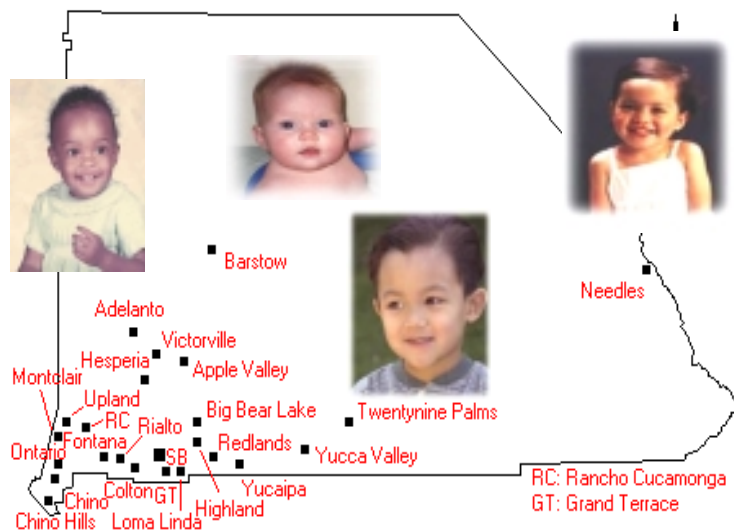
## Conclusion

These “baby steps” of the Commission are as historical as any taken. They validate the importance of San Bernardino County’s children and families, as well as plan for a solid commitment to support them. The Commission and community celebrate and look forward to a brighter future for our children. To demonstrate the commitment the Commission will:

- Continue Assets and Needs Assessment to obtain appropriate baseline data for evaluation and program / service improvement
- Demonstrate / provide leadership in evaluation of services / programs
- Coordinate resource information for families, care providers and public
- Provide leadership in program integration / maximizing and leveraging revenues
- Provide leadership in mobilizing communities’ critical issues affecting young children and families.

Those that have encouraged, supported and coached the Commission through these “baby steps” are greatly appreciated. They traveled great distances to wrestle with the difficult issues facing children and families. The communities, care providers and Commissioners united to confront issues together. They openly shared concerns and provided possible solutions to critical problems for young children and families. It is this honest dialogue that assures everyone involved that our vision can become reality!

Whether they are located in the mountains, deserts or valleys, every community in San Bernardino County will nurture its children and families to promote their maximum potential and well-being.



# ATTACHMENTS

STRATEGIC PLAN  
**ATTACHMENT A**  
ADOPTED APRIL 2000

# California Children & Families Act

*California Children & Families Act*

## 1998 California Children and Families Act (Proposition 10)

### CALIFORNIA CODES HEALTH AND SAFETY CODE SECTION 130155

130100. There is hereby created a program in the state for the purposes of promoting, supporting, and improving the early development of children from the prenatal stage to five years of age. These purposes shall be accomplished through the establishment, institution, and the coordination of appropriate standards, resources, and integrated and comprehensive programs emphasizing community awareness, education, nurturing, child care, social services, health care and research. (a) It is the intent of this act to facilitate the creation and implementation of an integrated, comprehensive, and collaborative system of information and services to enhance optimal early childhood development. This system should function as a network that promotes accessibility to all information and services from any entry point into the system. It is further the intent of this act to emphasize local decision making, to provide for greater local flexibility in designing delivery systems, and to eliminate duplicate administrative systems. (b) The programs authorized by this act shall be administered by the California Children and Families Commission and by the county children and families commissions. In administering this act, the state and county commissions shall use outcome-based accountability to determine future expenditures. (c) This division shall be known and may be cited as the "California Children and Families Act of 1998".

130105. The California Children and Families Trust Fund is hereby created in the State Treasury. (a) The California Children and Families Trust Fund shall consist of moneys collected pursuant to the taxes imposed by Section 30131.2 of the Revenue and Taxation Code. (b) All costs to implement this act shall be paid from moneys deposited in the California Children and Families Trust Fund. (c) The State Board of Equalization shall determine within one year of the passage of this act the effect that additional taxes imposed on cigarettes and tobacco products by this act has on the consumption of cigarettes and tobacco products in this state. To the extent that a decrease in consumption is determined by the State Board of Equalization to be the direct result of additional taxes imposed by this act, the State Board of Equalization shall determine the fiscal effect the decrease in consumption has on the funding of any Proposition 99 (the Tobacco Tax and Health Protection Act of 1988) state health-related education or research programs in effect as of November 1, 1998, and the Breast Cancer Fund Programs that are funded by excise taxes on cigarettes and tobacco products. Funds shall be transferred from the California Children and Families Trust Fund to those affected programs as necessary to offset the revenue decrease directly resulting from the imposition of additional taxes by this act. Such reimbursements shall occur, and at such times, as determined necessary to further the intent of this subdivision. (d) Moneys shall be allocated and appropriated from the California Children and Families Trust Fund as follows: (1) Twenty percent shall be allocated and appropriated to separate accounts of the state commission for expenditure according to the following formula: (A) Six percent shall be deposited in a Mass Media Communications Account for expenditures for communications to the general public utilizing television, radio, newspapers, and other mass media on subjects relating to and furthering the goals and purposes of this act, including, but not limited to, methods of nurturing and parenting that encourage proper childhood development, the informed selection of child care, information regarding health and social services, the prevention of tobacco, alcohol, and drug use by pregnant women, and the detrimental effects of second hand smoke early childhood development. (B) Five percent shall be deposited in an Education Account for expenditures for programs relating to education, including, but not limited to, the development of educational materials, professional and parental education and training, and technical support for county commissions in the areas described in subparagraph (A) of paragraph (1) of subdivision (b) of Section 130125. (C) Three percent shall be deposited in a Child Care Account for expenditures for programs relating to child care, including, but not limited to, the education and training of child care providers, the development of educational materials and guidelines for child care workers, and other areas described in subparagraph (B) of paragraph (1) of subdivision (b) of Section 130125. (D) Three percent shall be deposited in a Research and Development Account for expenditures for the research and development of best practices and standards for all programs and services relating to early childhood development

established pursuant to this act, and for the assessment and quality evaluation of such programs and services.

(E) One percent shall be deposited in an Administration Account for expenditures for the administrative functions of the state commission. (F) Two percent shall be deposited in an Unallocated Account for expenditure by the state commission for any of the purposes of this act describe in Section 130100 provided that none of these moneys shall be expended for the administrative functions of the state commission. (G) In the event that, for whatever reason, the expenditure of any moneys allocated and appropriated for the purpose specified in subparagraphs (A) to (F), inclusive, is enjoined by a final judgment of a court of competent jurisdiction, then those moneys shall be available for expenditure by the state commission for mass media communication emphasizing the need to eliminate smoking and other tobacco use by pregnant women, the need to eliminate smoking and other tobacco use by persons under 18 years of age, and the need to eliminate exposure to secondhand smoke. (H) Any moneys allocated and appropriated to any of the accounts described in subparagraphs (A) to (F), inclusive, that are not encumbered or expended within any applicable period described by law shall (together with the accrued interest on the amount) revert to and remain in the same account for the next fiscal period. (2) Eighty percent shall be allocated and appropriated to county commissions in accordance with Section 130140. (A) The moneys allocated and appropriated to county commission shall be deposited in each local Children and Families Trust Fund administered by each county commission, and shall be expended only for the purposes authorized by this act and in accordance with the county strategic plan approved by each county commission. (B) Any moneys allocated and appropriated to any of the county commissions that are not encumbered or expended within any applicable period prescribed by law shall (together with the accrued interest on the amount) revert to and remain in the same local Children and Families Trust Fund for the next fiscal period under the same conditions as set forth in subparagraph (A). (e) All grants, gifts, or bequests of money made to or for the benefit of the state commission from public or private sources to be used for early childhood development programs shall be deposited in the California Children and Families Trust Fund and expended for the specific purpose for which the grant, gift, or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the state commission pursuant to paragraph (1) of subdivision (d). (f) All grants, gifts, or bequests of money made to or for the benefit of any county commission from public or private sources to be used for early childhood development programs shall be deposited in the local Children and Families Trust Fund and expended for the specific purpose for which the grant, gift or bequest was made. The amount of any such grant, gift, or bequest shall not be considered in computing the amount allocated and appropriated to the county commissions pursuant to paragraph (2) of subdivision (d).

130110. There is hereby established a California Children and Families Commission composed of seven voting members and two ex officio members. (a) The voting members shall be selected, pursuant to Section 130115, from persons with knowledge, experience, and expertise in early child development, child care, education, social services, public health, the prevention and treatment of tobacco and other substance abuse, behavioral health, and medicine (including, but not limited to, representatives of statewide medical and pediatric associations or societies), upon consultation with public and private sector associations, organizations, and conferences composed of professionals in these fields. (b) The Secretary of the California Health and Human Services Agency and Secretary for Education, or their designees, shall serve as ex officio nonvoting members of the state commission.

130115. The Governor shall appoint three members of the state commission, one of whom shall be designated as chairperson. One of the Governor's appointees shall be either a county health officer or a county health executive. The Speaker of the Assembly and the Senate Rules Committee shall each appoint two members of the state commission. Of the members first appointed by the Governor, one shall serve for a term of four years, and two for a term of two years. Of the members appointed by the Speaker of the Assembly and the Senate Rules Committee, one appointed by the Speaker of the Assembly and the Senate Rules Committee shall serve for a period of four years with the other appointees to serve for a period of three years. Thereafter, all appointments shall be for four-year terms. No appointee shall serve as a member of the state commission for more than two four-year terms.



130120. The state commission shall, within three months after a majority of its voting members have been appointed, hire an executive director. The state commission shall thereafter hire such other staff as necessary or appropriate. The executive director and staff shall be compensated as determined by the state commission, consistent with moneys available for appropriation in the Administration Account. All professional staff employees of the state commission shall be exempt from civil service. The executive director shall act under the authority of, and in accordance with the direction of, the state commission.

130125. The powers and duties of the state commission shall include, but are not limited to, the following: (a) Providing for statewide dissemination of public information and educational materials to members of the general public and to professionals for the purpose of developing appropriate awareness and knowledge regarding the promotion, support, and improvement of early childhood development. (b) Adopting guidelines for an integrated and comprehensive statewide program of promoting, supporting, and improving early childhood development that enhances the intellectual, social, emotional and physical development of children in California. (1) The state commission's guidelines shall, at a minimum, address the following matters: (A) Parental education and support services in all areas required for, and relevant to, informed and healthy parenting. Examples of parental education shall include, but are not limited to, prenatal and postnatal infant and maternal nutrition, education and training in newborn and infant care and nurturing for optimal early childhood development, parenting and other necessary skills, child abuse prevention, and avoidance of tobacco, drugs, and alcohol during pregnancy. Examples of parental support services shall include, but are not limited to, family support centers offering an integrated system of services required for the development and maintenance of self-sufficiency, domestic violence prevention and treatment, tobacco and other substance abuse control and treatment, voluntary intervention for families at risk, and such other prevention and family services and counseling critical to successful early childhood development. (B) The availability and provision of high quality, accessible, and affordable child care, both in home and at child care facilities, that emphasizes education, training and qualifications of care providers, increased availability and access to child care facilities, resource and referral services, technical assistance for caregivers, and financial and other assistance to ensure appropriate child care for all households. (C) The provision of child health care services that emphasize prevention, diagnostic screenings, and treatment not covered by other programs; and the provision of prenatal and postnatal maternal health care services that emphasize prevention, immunizations, nutrition, treatment of tobacco and other substance abuse, general health screenings and treatment services not covered by other programs. (2) The state commission shall conduct at least one public hearing on its proposed guidelines before they are adopted. (3) The state commission shall, on at least an annual basis, periodically review its adopted guidelines and revise them as may be necessary or appropriate. (c) Defining the results to be achieved by the adopted guidelines, and collecting and analyzing data to measure progress toward attaining such results. (d) Providing for independent research, including the evaluation of any relevant programs, to identify the best standards and practices for optimal early childhood development, and establishing and monitoring demonstration projects. (e) Soliciting input regarding programs policy and direction from the individuals and entities with experience in early childhood development, facilitating the exchange of information between such individuals and entities, and assisting in the coordination of the services of public and private agencies to deal more effectively with early childhood development. (f) Providing technical assistance to county commissions in adopting and implementing county strategic plans for early childhood development. (g) Reviewing and considering the annual audits and reports transmitted by the county commissions and, following a public hearing, adopting written report that consolidates, summarizes, analyzes, and comments on those annual audits and reports. (h) Applying for gifts, grants, donations, or contributions of money, property, facilities, or services from any person, corporation, foundation, or other entity, or from the state or any agency or political subdivision thereof, in furtherance of a statewide program of early childhood development. (i) Entering into such contracts as necessary or appropriate to carry out the provisions and purposes of this act. (j) Making recommendations to the Governor and the Legislator for changes in state laws, regulations, and services necessary or appropriate to carry out an integrated and comprehensive program of early childhood development in an effective and cost efficient manner.

130130. Procedures for the conduct of business by the state commission not specified in this act shall be contained in bylaws adopted by the state commission. A majority of the voting members of the state commission shall constitute a quorum. All decisions of the state commission, including the hiring of the executive director, shall be by a majority of four votes.

130135. Voting members of the state commission shall not be compensated for their services, except that they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the state commission.

130140. Any county or counties developing, adopting, promoting, and implementing local early childhood development programs consistent with the goals and objectives of this act shall receive moneys pursuant to paragraph (2) of subdivision (d) of Section 130105 in accordance with the following provisions: (a) For the period between January 1, 1999 and June 30, 2000, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the entire number of births recorded in California (for the same period), provided that each of the following requirements has first been satisfied: (1) The county's board of supervisors has adopted an ordinance containing the following minimum provisions: (A) The establishment of a county children and families commission. The county commission shall be appointed by the board of supervisors and shall consist of at least five but not more than nine members. (i) Two members of the county commission shall be from among the county health officer and persons responsible for management of the following county functions: children's services, public health services, behavioral health services, social services, and tobacco and other substance abuse prevention and treatment services. (ii) One member of the county commission shall be a member of the board of supervisors. (iii) The remaining members of the county commission shall be from among the persons described in clause (i) and persons from the following categories: recipients of project services included in the county strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, or a local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting nurturing and early childhood development; representatives of local school districts; and representatives of local medical, pediatric, or obstetric associations or societies. (B) The manner of appointment, selection, or removal of members of the county commission, the duration and number of terms county commission members shall serve, and any other matters that the board of supervisors deems necessary or convenient for the conduct of the county commission's activities, provided that members of the county commission shall not be compensated for their services, except they shall be paid reasonable per diem and reimbursement of reasonable expenses for attending meetings and discharging other official responsibilities as authorized by the county commission. (C) The requirement that the county commission adopt an adequate and complete county strategic plan for the support and improvement of early childhood development within the county. (i) The county strategic plan shall be consistent with, and in furtherance of the purposes of, this act and any guidelines adopted by the state commission pursuant to subdivision (b) of Section 130125 that are in effect at the time the plan is adopted. (ii) The county strategic plan shall, at a minimum, include the following: a description of the goals and objectives proposed to be attained; a description of the programs, services, and projects proposed to be provided, sponsored, or facilitated; and a description of how measurable outcomes of such programs, services, and projects will be determined by the county commission using appropriate reliable indicators. No county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system. (iii) The county commission shall, on at least an annual basis, be required to periodically review its county strategic plan and to revise the plan as may be necessary or appropriate. (D) The requirement that the county commission conduct at least one public hearing on its proposed county strategic plan before the plan is adopted. (E) The requirement that the county commission conduct at least one public hearing on its periodic review of the county strategic plan before any revisions to the plan are adopted. (F) The requirement that the county commission submit its adopted county strategic plan, and any subsequent revisions thereto, to the state commission. (G) The requirement that the county commission prepare and adopt an annual audit and report pursuant to section 130150. The county commission shall conduct at least one public hearing prior to adopting any annual audit and report. (H) The requirement that the county commission conduct at least one public hearing on each annual report by the state commission prepared pursuant to subdivision (b) of section 130150. (I) Two or more counties may form a joint county commission, adopt a joint county strategic plan, or implement joint programs, services, or projects. (2) The county's board of supervisors has established a county commission and has appointed a majority of its members. (3) The county has

established a local Children and Families Trust Fund pursuant to subparagraph (A) of paragraph (2) of subdivision (d) of Section 130105. (d) Notwithstanding any provision of this act to the contrary, no moneys made available to county commissions under subdivision (a) shall be expended to provide, sponsor, or facilitate any programs, services, or projects for early childhood development until and unless the county commission has first adopted an adequate and complete county strategic plan that contains the provisions required by clause (ii) of subparagraph (C) of paragraph (1) of subdivision (a). (c) In the event that any county elects not to participate in the California Children and Families Program, the moneys remaining in the California Children and Families Trust Fund shall be reallocated and reappropriated to participating counties in the following fiscal year. (d) For the fiscal year commencing on July 1, 2000, and for each fiscal year thereafter, county commissions shall receive the portion of the total moneys available to all county commissions equal to the percentage of the number of births recorded in the relevant county (for the most recent reporting period) in proportion to the number of births recorded in all of the counties participating in the California Children and Families program (for the same period), provided that each of the following requirements has first been satisfied: (1) The county commission has, after the required public hearings, adopted an adequate and complete county strategic plan conforming to the requirements of subparagraph (C) of paragraph (1) of subdivision (a), and has submitted the plan to the state commission. (2) The county commission has conducted the required public hearings, and has prepared and submitted all audits and reports required pursuant to Section 130150. (3) The county commission has conducted the required public hearings on the state commission annual reports prepared pursuant to subdivision (b) of Section 130150. (e) In the event that any county elects not to continue participation in the California Children and Families Program, any unencumbered and unexpended moneys remaining in the local Children and Families Trust Fund shall be returned to the California Children and Families Trust Fund for reallocation and reappropriation to participating counties in the following fiscal year. (f) For purposes of this section, "relevant county" means the county in which the mother of the child whose birth is being recorded resides.

130145. The state commission and each county commission shall establish one or more advisory committees to provide technical and professional expertise and support for any purposes that will be beneficial in accomplishing the purposes of this act. Each advisory committee shall meet and shall make recommendations and reports as deemed necessary or appropriate.

130150. On or before October 15 of each year, the state commission and each county commission shall conduct an audit of, and issue a written report on the implementation and performance of, their respective functions during the preceding fiscal year, including, at a minimum, the manner in which funds were expended, the progress toward, and the achievement of, program goals and objectives, and the measurement of specific outcomes through appropriate reliable indicators. (a) The audits and reports of each county commission shall be transmitted to the state commission. (b) The state commission shall, on or before January 31 of each year, prepare a written report that consolidates, summarizes, analyzes, and comments on the annual audits and reports submitted by all of the county commissions for the preceding fiscal year. This report by the state commissions shall be transmitted to the Governor, the Legislature, and each county commission. (c) The state commission shall make copies of each of its annual audits and reports available to members of the general public on request and at no cost. The state commission shall furnish each county commission with copies of those documents in a number sufficient for local distribution by the county commission to members of the general public on request and at no cost. (d) Each county commission shall make copies of its annual audits and reports available to members the general public on request and at no cost.

130155. The following definitions apply for purposes of this act: (a) "Act" means the California Children and Families Act of 1998. (b) "County commission" means each county children and families commission established in accordance with Section 130140. (c) "County strategic plan" means the plan adopted by each county children and families commission and submitted to the California Children and Families Commission pursuant to Section 130140. (d) "State commission" means the California Children and Families Commission established in accordance with Section 130110.

**STRATEGIC PLAN**  
**ADOPTED APRIL 2000**  
**ATTACHMENT B**

**San Bernardino County Ordinance**

REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS  
OF SAN BERNARDINO COUNTY, CALIFORNIA  
AND RECORD OF ACTION

December 15, 1998

FROM: CAROL T. SHEARER, Acting County Administrative Officer  
County Administrative Office

SUBJECT: ORDINANCE CREATING THE COUNTY CHILDREN AND FAMILIES  
FIRST COMMISSION AND TRUST FUND

**RECOMMENDATION:** Read title only of proposed ordinance creating the County Children and Families First Commission and Trust Fund; waive reading of the entire text and continue to Tuesday, January 5, 1999, for adoption on the consent calendar.

**BACKGROUND INFORMATION:** As part of the November election, California voters approved Proposition 10, entitled the California Children and Families First Act of 1998, which imposes a new tax on cigarettes and tobacco products as well as establishes the California Children and Families First Commission with authority to adopt guidelines for statewide early childhood development and smoking prevention programs. As a condition of receiving Prop 10 tax proceeds, the County must first create a county commission, appoint its members, and create a trust fund; therefore, it is necessary to accomplish these tasks as soon as possible. The tax proceeds are allocated to and administered by county commissions which must be created by ordinance.

The proposed ordinance creates the County Children and Families First Commission, provides for the appointment and terms of office of its members, and creates the County Children and Families First Trust Fund. It is staff's recommendation that the proposed Commission be comprised of five (5) members, including one member of the Board of Supervisors, the Assistant County Administrator for Social Services, the Director of Public Health and two (2) members appointed by the Board from the following categories: recipients of project services included in the County strategic plan; educators specializing in early childhood development; representatives of a local child care resource or referral agency, or a local child care coordinating group; representatives of a local organization for prevention or early intervention for families at risk; representatives of community-based organizations that have the goal of promoting

cc: CAO-Shearer  
County Counsel-Stringer  
SSG-Michaelson  
Children's Network-Paxton  
Public Health-Prendergast  
File

iw

Record of Action of the Board of Supervisors  
AMEND ORD. AS STATED ON PG. 2 &  
CONTINUE TO TUES. JAN. 19, 10 A.M.  
FOR FINAL ADOPTION

BOARD OF SUPERVISORS  
COUNTY OF SAN BERNARDINO

MOTION	AYE	SECOND	AYE	MOVED	AYE
	1	2	3	4	5

EARLENE SPICAT, CLERK OF THE BOARD

BY

DATED: December 15, 1998

SUBJECT: ORDINANCE CREATING THE COUNTY CHILDREN AND FAMILIES FIRST  
COMMISSION AND TRUST FUND

PAGE 2 OF 2

nurturing and early childhood development; representatives of local school districts; and  
representatives of local medical, pediatric, or obstetric associations or societies.  
Proposition 10 provides the duties and responsibilities of the Commission.

The ordinance also creates a trust fund, required by Proposition 10, for receipt of the  
revenues.

REVIEW BY OTHERS: The proposed ordinance was prepared by the Office of County  
Counsel (Chief Deputy Ruth Stringer) and has been reviewed by the County  
Administrative Office.

FINANCIAL IMPACT: None

SUPERVISORIAL DISTRICT(S): All

PRESENTER: CAROL T. SHEARER, Acting County Admin

**\*\*The Board directs that page 2, line 11 of the ordinance be changed to reflect a  
"seven-member commission" and on page 2, line 15 the ordinance shall reflect the  
remaining "four members".**

12/15/98 lw #90

ORDINANCE NO. \_\_\_\_\_

AN ORDINANCE OF THE COUNTY OF SAN BERNARDINO, STATE OF CALIFORNIA, ADDING CHAPTER 29 TO DIVISION 2 OF TITLE 1 OF THE SAN BERNARDINO COUNTY CODE, RELATING TO THE CREATION AND ESTABLISHMENT OF THE COUNTY CHILDREN AND FAMILIES FIRST COMMISSION.

The Board of Supervisors of the County of San Bernardino, State of California, ordains as follows:

SECTION 1. Chapter 29 is added to Division 2 of Title 1 of the San Bernardino County Code, to read:

**Chapter 29**

**COUNTY CHILDREN AND FAMILIES FIRST COMMISSION**

**Sections:**

- |               |   |
|---------------|---|
| <b>12.291</b> | <b>Purpose.</b>                           |
| <b>12.292</b> | <b>Establishment of Commission.</b>       |
| <b>12.293</b> | <b>Appointment of Commission Members.</b> |
| <b>12.294</b> | <b>Terms of Office.</b>                   |
| <b>12.295</b> | <b>Compensation of Members.</b>           |
| <b>12.296</b> | <b>Duties of the Commission.</b>          |
| <b>12.297</b> | <b>Establishment of Trust Fund.</b>       |

**12.291 Purpose.**

The voters of the State of California passed the California Children and Families



1 First Act of 1998 (commonly referred to as Proposition 10). The purpose of this  
2 Chapter is to provide for implementation in San Bernardino County of this Act and to  
3 provide for the required County commission to adopt, promote, and implement the  
4 programs covered by the Act.

5  
6 **12.292. Establishment of Commission.**

7 There is hereby created and established a County Children and Families First  
8 Commission.

9  
10 **12.293 Appointment of Commission Members.**

11 There are seven (7) members of the Commission. All members of the  
12 Commission shall be appointed by the Board of Supervisors. One (1) member of the  
13 Commission shall be a member of the Board of Supervisors. Two (2) members of the  
14 Commission shall be the Assistant Administrative Officer for Social Services and the  
15 Director of Public Health. Four (4) members of the Commission shall be from the  
16 following categories: recipients of project services included in the County strategic  
17 plan; educators specializing in early childhood development; representatives of a local  
18 child care resource or referral agency, or a local child care coordinating group;  
19 representatives of a local organization for prevention or early intervention for families at  
20 risk; representatives of community-based organizations that have the goal of promoting  
21 nurturing and early childhood development; representatives of local school districts; and  
22 representatives of local medical, pediatric, or obstetric associations or societies.

23  
24 **12.294 Terms of Office.**

25 The members of the Commission shall hold office for two (2) years, except that  
26 the individuals who serve as the Assistant County Administrator for Social Services and  
27 the Director of Public Health shall serve for the duration of holding such office. The  
28 initial terms of the remaining members shall be for one (1) or two (2) years as



1 determined by the Board of Supervisors at time of appointment to allow for staggered  
2 terms. The members of the Commission shall serve at the pleasure of the Board of  
3 Supervisors.

4  
5 **12.295 Compensation of Members.**

6 Members of the Commission shall serve with no compensation, except they shall  
7 be paid reasonable per diem and reimbursement of reasonable expenses for attending  
8 meetings as provided in this code.

9  
10 **12.296 Duties of the Commission.**

11 The Commission shall annually adopt a strategic plan for the support and  
12 improvement of early childhood development within the county, as prescribed in  
13 Proposition 10, after a public hearing. The Commission shall submit its adopted annual  
14 strategic plan to the state commission. The Commission shall prepare and adopt an  
15 annual audit and report pursuant to Health and Safety Code Section 130150, after a  
16 public hearing. The Commission shall conduct at least one public hearing on each  
17 annual report by the state commission prepared pursuant to Health and Safety Code  
18 section 130150. The Commission shall perform any other duties required of it by  
19 Proposition 10.

20  
21 **12.297 Establishment of Trust Fund**

22 There is hereby created and established the County Children and Families First  
23 Trust Fund which shall be administered according to state law and guidelines  
24 interpreting and implementing Proposition 10.

25 ///

26 ///

27 ///

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SECTION 2. This ordinance shall take effect thirty (30) days from the date of adoption.

\_\_\_\_\_  
JERRY EAVES, Chairman  
Board of Supervisors

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT  
HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

EARLENE SPROAT  
Clerk of the Board of Supervisors

STATE OF CALIFORNIA )  
COUNTY OF SAN BERNARDINO ) ss.

I, EARLENE SPROAT, Clerk of the Board of Supervisors of the County of San Bernardino, State of California, hereby certify that at a regular meeting of the Board of Supervisors of said County and State, held on the \_\_\_\_ day of \_\_\_\_\_, 1998, at which meeting were present Supervisors

and the Clerk, the foregoing ordinance was passed and adopted by the following vote, to wit:

AYES: Supervisors:  
NOES: Supervisors:  
ABSENT: Supervisors:

1 IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official  
2 seal of the Board of Supervisors this \_\_\_\_\_ day of \_\_\_\_\_, 1998.

3 EARLENE SPROAT, Clerk of the Board  
4 of Supervisors of the county of  
5 San Bernardino, State of California

6 By: \_\_\_\_\_  
7 Deputy

8 COUNTY COUNSEL  
9 APPROVED 12-16-98  
10 BY: [Signature]  
11 DEPUTY COUNTY COUNSEL  
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# **ATTACHMENT C**

## **San Bernardino County Board of Supervisors**

**January 12, 1999 Action**

**STRATEGIC PLAN  
ADOPTED APRIL 2000**

**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS  
OF SAN BERNARDINO COUNTY, CALIFORNIA  
AND RECORD OF ACTION**

January 12, 1999

**FROM: JON MIKELS**  
Chair, Board of Supervisors

**SUBJECT: APPOINTMENT OF SUPERVISOR FRED AGUIAR TO COUNTY CHILDREN &  
FAMILIES FIRST COMMISSION**

**RECOMMENDATION:** Appoint 4th District Supervisor, Fred Aguiar, as a Commission member to the County Children and Families First Commission for a term of 2 years.

**BACKGROUND INFORMATION:** As part of the November election, California voters approved Proposition 10, entitled the California Children and Families First Act of 1998. The Board recently enacted Chapter 29 to the County Code in compliance with Proposition 10. County Code Section 12.292 created the County Children and Families First Commission. Sections 12.293 and 12.294 provide that the Board shall appoint one of its members to the Commission for a term of two years.

The Commission is comprised of seven (7) members, including one member of the Board of Supervisors, the Assistant County Administrator for Social Services, the Director of Public Health, and four (4) members appointed by the Board from categories specified in the Initiative.

**REVIEW BY OTHERS:** The proposed appointment under the ordinance has been reviewed by the County Administrative Office (John Michaelson) and County Counsel Chief Deputy (Ruth E. Stringer).

**FINANCIAL IMPACT:** Approval of this recommendation has no County cost impact.

**SUPERVISORIAL DISTRICT(S):** All

**PRESENTER:** Jon Mikels, Chair, Board of Supervisors

**CC:** Supervisor Mikels  
Supervisor Aguiar  
CCFFC  
CAO-Michaelson  
County Counsel-Stringer  
Auditor/Controller  
Risk Management  
File

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Record of Action of the Board of Supervisors

**APPROVED** BOARD OF SUPERVISORS  
COUNTY OF SAN BERNARDINO

MOTION SECOND AYE AYE MOVE

EARLENE SPROCKLE, CLERK OF THE BOARD

BY

DATED: January 12, 1999

ITEM 034

# **ATTACHMENT D**

## **San Bernardino County Board of Supervisors**

**March 2, 1999 Action**

**STRATEGIC PLAN  
ADOPTED APRIL 2000**

**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS  
OF SAN BERNARDINO COUNTY, CALIFORNIA  
AND RECORD OF ACTION**

Co. Children & Families 1<sup>st</sup> Comm;  
Travel Requests

March 2, 1999

**FROM:** SUPERVISOR FRED AGUIAR  
4<sup>TH</sup> DISTRICT

**SUBJECT:** APPOINTMENT OF COUNTY CHILDREN AND FAMILIES FIRST COMMISSION  
MEMBERS

**RECOMMENDATION:**

1. Appoint the following individuals as members of the County Children and Families First Commission with terms as shown.

<u>Name</u>	<u>Beginning Date</u>	<u>Ending Date</u>
Sharon Becker	March 2, 1999	January 31, 2000
Dr. Loren Sanchez	March 2, 1999	January 31, 2001
Ann Davis-Schultz	March 2, 1999	January 31, 2001
Dr. Guillermo Valenzuela	March 2, 1999	January 31, 2000

2. Authorize reimbursement of the 4 appointees travel and related expenses to attend the County Supervisors Association of California (CSAC) sponsored Proposition 10 Conference March 5, 1999, in Sacramento.

**BACKGROUND INFORMATION:** The voters of the State of California passed the California Children and Families First Act of 1998 (commonly referred to as Proposition 10). In compliance with Proposition 10, the Board enacted County Code sections 12.29 through implementing Proposition 10 in this County. The code also provides for the appointment of members of the County Children and Families First Commission and sets forth the qualifications for four members of the Commission. The above named individuals meet the qualifications. The code further provides that the Commissioners' terms shall be for two years, except that the initial terms of the four members shall be for one or two years as determined by the Board at time of appointment to allow for staggered appointments and to be in compliance with County Policy No. 01-12. Specific terms recommended for each individual were therefore determined by lot for the initial terms.

cc: Supervisor Aguilar  
SSG-Michaelson w/travel request  
Members c/o SSG w/travel  
request  
Public Health-Prendergast  
Auditor w/travel request  
County Counsel-Stringer  
File w/travel request

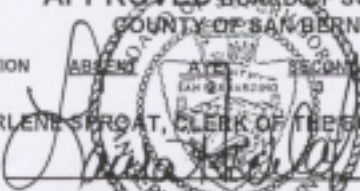
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Record of Action of the Board of Supervisors

**APPROVED BOARD OF SUPERVISORS**  
**COUNTY OF SAN BERNARDINO**

MOTION	ABSENT	AYE	SECOND	MOVE	ABSENT
				4	5

EARLENE SPROAT, CLERK OF THE BOARD

BY 

DATED: March 2, 1999

ITEM 022

Page 2, March 2, 1999

**SUBJECT: APPOINTMENT OF COUNTY CHILDREN AND FAMILIES  
FIRST COMMISSION MEMBERS**

The second recommendation approves reimbursement of expenses for the four appointees to attend a Proposition 10 Conference. This Conference is sponsored by CSAC and offers an opportunity for Commission members to receive initial relevant training regarding the details of Proposition 10.

**REVIEW BY OTHERS:** This recommendation has been reviewed and approved by County Counsel (Ruth Stringer).

**FINANCIAL IMPACT** The County Code allows the Commission to reimburse members for certain expenses. In that the Commission has not yet met, there has been no action on this issue. Any costs that are generated by this action would be reimbursed by Proposition 10 revenues.

**SUPERVISORIAL DISTRICT(S):** ALL

**PRESENTER:** Supervisor Fred Aguiar

3/2/99 lw #22



# **ATTACHMENT E**

## **Community Forums**

**May - June 1999**

**STRATEGIC PLAN**

**ADOPTED APRIL 2000**

**Children and Families First  
Community Forum – Ontario  
May 10, 1999**

<b>Background</b>	On May 10, 1999 the San Bernardino County Children and Families First Commission conducted the first of five scheduled Community Forums to gather input on the needs of children prenatal to five years of age from the community.
<b>Attendees</b>	<p>The attendees included the following:</p> <ul style="list-style-type: none"><li>• Fred Aguiar, Chair</li><li>• Dr. Tom Prendergast, Vice-Chair</li><li>• John F. Michaelson, Commissioner</li><li>• Dr. Guillermo Valenzuela, Commissioner</li><li>• Loren Sanchez, Commissioner</li> <li>• Approximately 35 community members</li></ul>
<b>Needs Identified</b>	<p>The following needs were identified by community participants:</p> <ol style="list-style-type: none"><li><b>1. One-on-one efforts through collaboration in the educating of parents on the health effects of smoking and secondhand smoking on children from prenatal on.</b><ul style="list-style-type: none"><li>• Family focus approach</li><li>• Role model of parent's behavior on children in preventing smoking</li><li>• Accessible, affordable programs in language parents can understand for a better lifestyle choice.</li><li>• Recognition of ethnic and language needs</li><li>• Provide tools needed for smoking cessation programs</li><li>• Use the faith based organizations to reach out to community members</li></ul></li><li><b>2. Improve quality childcare services for the working poor.</b><ul style="list-style-type: none"><li>• Provide funding to build or rehabilitate child care facilities for faith based and community based organizations that do not have the resources to do it on their own</li><li>• Working poor must have access to consistent quality childcare that provides good child development and learning environments.</li></ul></li></ol>

**3. Parenting education for prenatal to 5 years old for cognitive development of child prior to entering school**

- Talk about what a parent should do, not just what they should not do (i.e. substance abuse)
- Emphasize the need for parents to talk with their children from prenatal on – about colors, shapes, etc. to enhance the child's cognitive development
- Speaking English and socializing should begin early, not when the child starts school

**4. Pregnancy prevention geared at the problem of “children having children”**

**5. Domestic violence programs need to offer treatment programs for children in the family, not just the victim and the abuser.**

- Abusers receive anger management treatment, but the child (witness) often emulates the behaviors of the parent and may view violence as the appropriate behavior for anger
- Parents are the first teachers for the child, so programs should be expanded to the whole family

**6. Include other family members, such as grandparents, in the input process on solving problems. Don't just focus on the substance abuse, etc., but have open meetings for all families at a time that's convenient for them.**

**Children and Families First  
Community Forum – San Bernardino  
May 13, 1999**

<b>Background</b>	On May 13, 1999, the San Bernardino County Children and Families First Commission conducted the second of five Community Forums to gather input on the needs of children prenatal to five years of age from the community.
<b>Attendees</b>	<p>The attendees included the following:</p> <ul style="list-style-type: none"><li>• Fred Aguiar, Chair</li><li>• Dr. Tom Prendergast, Vice-Chair</li><li>• John F. Michaelson, Commissioner</li><li>• Ann Davis-Schultz, Commissioner</li> <li>• Approximately 90 community members</li></ul>
<b>Needs Identified</b>	<p>The following needs were identified by community participants:</p> <ol style="list-style-type: none"><li>1. <b>Head Start serves 3 to 5 year old children; they need funds to make facilities handicapped accessible, and playground equipment to meet the needs of the disabled child.</b></li><li>2. <b>Programs specifically geared to African American parents and the health issues of their children, including the fact that they have the highest infant mortality rate of any group.</b></li><li>3. <b>Needs of the Indian community – cultural sensitivity in developing programs in areas of parenting and early child development.</b></li><li>4. <b>Improved access of services to the Spanish speaking populations, interpreting services that are accurate.</b></li><li>5. <b>Oral health problems are the most prevalent and most neglected chronic health condition of young children.</b><ul style="list-style-type: none"><li>• Educate parents that for proper nutrition needs for infants and toddlers, they must have healthy mouths and teeth free of decay and infection</li><li>• Treatment programs are needed for infants and children not covered by Medi Cal and Healthy Families</li></ul></li></ol>

- 6. Affordable, quality licensed child care for the working poor**
  - Funding for building or upgrading child care facilities and equipment
  - Funding to train child care providers, including tuition and books
- 7. Programs/services to educate pregnant mothers on the harmful effects of tobacco on the unborn baby.**
- 8. American Heart Association has programs that focus on nutrition, exercise and tobacco avoidance.**
  - Assist in getting increasing the involvement of parents and the profound impact on the development of a health lifestyle during the preschool years, which will serve the child well throughout their lives.
- 9. Provide assistance for basic needs that parents are unable to afford themselves, such as cribs, beds, car seats, etc.**
- 10. Immunization programs for infants and young children. Need to educate and reach out to the parents regarding the importance of age appropriate immunizations.**
- 11. Toll free health lines for parents to call and locate services and get answers regarding the health needs/care of their children.**
- 12. Financial assistance for help with guardianship petitions.**
- 13. Library needs funding to help with literacy programs for parents so they can become a better resource for their children**
- 14. Assistance to help with infant and children's burial expenses.**

**Children and Families First  
Community Forum – Yucca Valley  
May 26, 1999**

<b>Background</b>	On May 26, 1999 the San Bernardino County Children and Families First Commission conducted the third of five scheduled Community Forums to gather input on the needs of children prenatal to five years of age from the community
<b>Attendees</b>	<p>The attendees included the following:</p> <ul style="list-style-type: none"><li>• Dr. Tom Prendergast, Vice-Chair</li><li>• John F. Michaelson, Commissioner</li><li>• Dr. Guillermo Valenzuela, Commissioner</li><li>• Approximately 16 community members</li></ul>
<b>Needs Identified</b>	<p>The following needs were identified by community participants:</p> <ol style="list-style-type: none"><li><b>1. Remoteness and isolation of families in the Morongo Basin area from services</b><ul style="list-style-type: none"><li>• Need transportation for families to come to a central location for services</li><li>• Need transportation for the grandparents that are raising their young grandchildren.</li></ul></li><li><b>2. Libraries need multiple copies of books, videos, and audio tapes that address the following:</b><ul style="list-style-type: none"><li>• Birth control, birthing process, prenatal care, high-risk pregnancies, nutrition, parenting, substance abuse of parents and effects on unborn and young children, early child development, how to read to your child, how to start a day care, etc.</li><li>• Materials should be low reading level, address issues of Hispanic and black mothers, high interest and visually attractive.</li></ul></li><li><b>3. Libraries should have funds to increase community awareness of the usefulness of libraries as a resource for parenting, including grandparents raising their grandchildren.</b></li></ol>

- 4. Head Start programs that serve 3 to 5 year old children need:**
  - handicapped accessible facilities, materials and equipment for the disabled child
  - computers and computer training for parents to learn on
- 5. Parenting classes on growth and development of children taught by experts in the field.**
- 6. Support groups for grandparents raising grandchildren**
- 7. Counseling services for young children that are victims of sexual assault and molestation.**
- 8. Preschool centers and child care funding to help families get off public assistance – other than the Head Start program, which has a waiting list.**
- 9. Hotline services to address the problems of raising children.**

**Children and Families First  
Community Forum – Apple Valley  
June 14, 1999**

<b>Background</b>	On June 14, 1999, the San Bernardino County Children and Families First Commission conducted the fourth of five Community Forums to gather input on the needs of children prenatal to five years of age from the community.
<b>Attendees</b>	<p>The attendees included the following:</p> <ul style="list-style-type: none"><li>• Dr. Tom Prendergast, Vice-Chair</li><li>• John F. Michaelson, Commissioner</li><li>• Loren Sanchez, Commissioner</li><li>• Sister Sharon Becker, Commissioner</li> <li>• Approximately 30 community members.</li></ul>
<b>Needs Identified</b>	<p>The following needs were identified by community participants:</p> <ol style="list-style-type: none"><li>1. <b>“Parent as Teachers” – Missouri program where each family (parents) of newborns have a home visit:</b><ul style="list-style-type: none"><li>• Educate parents on early child development</li><li>• Group meetings with other parents of newborns</li><li>• Results in significant increase in academic level of child entering school; increased parental participation with school; decline in child abuse referrals</li></ul></li><li>2. <b>“Healthy Start” – Hawaii model program which focuses on prevention of child abuse and neglect:</b><ul style="list-style-type: none"><li>• Home visit at birth continuing through age 5 for high risk families by trained professional or nurse</li><li>• Significant decrease in child abuse and neglect</li><li>• This could be a model for countywide prevention of child abuse and neglect</li></ul></li><li>3. <b>Remoteness of desert residents from services for children and families – transportation needs are great, and there is a need to take the services to the families</b></li></ol>



- 4. Services and programs for hearing parents of hearing impaired children from birth (or as soon thereafter when the deafness of child is identified) and continuing**
  - Educate parent's role as teachers of these children
  - Need to have awareness and understanding of choices parents can make for the development of their hearing impaired child
- 5. Prevention programs that build self-esteem and self-confidence of elementary aged children to be able to "say no" to use of drugs, alcohol and tobacco.**
- 6. Dental education for parents of children 0 to 5.**
  - Proper care of mouth to avoid active dental decay and infection
  - Fluoride care
  - Need for dental treatment – oral health
  - Loma Linda Dental School has students and faculty resources available to help, but needs funding to develop programs and deliver services
- 7. Domestic violence services for young children that accompany mothers to their DV centers, intervention for the child, not just child care.**
- 8. Specific health issues and needs of the African American community need to be addressed**
- 9. Services through faith based communities, as they are usually the first contact for families.**
  - Food program at the churches depend on donations of foods, which often do not offer the opportunity to provide balanced nutritious meals for young children, so there is a need for funds to purchase nutritious food.
- 10. Programs and services need to be developed for the large Hispanic population that often have limited English skills**
  - Bilingual staff is needed to develop programs that will reach the diverse communities

**11. Focus on integrating the services now available in the community for optimum development of each person.**

- Integrate recreational, educational, health care, health promotion and parenting services
- Go to the homes to provide the services

**12. Head Start program needs equipment:**

- Computers in the classroom for children (3 to 5 yrs) to develop self-esteem and self-confidence needed when starting kindergarten
- Physical accessibility and equipment for the disabled child to make the preschool experience positive for them

**13. Child care centers are needed in the desert communities**

**14. Health care services outreach and tracking systems for young children before reaching school age for proper medical care is needed**

**Children and Families First  
Community Forum – Barstow  
June 16, 1999**

<b>Background</b>	On June 16, 1999, the San Bernardino County Children and Families First Commission conducted the fifth and final Community Forum to gather input on the needs of children prenatal to five years of age from the community.
<b>Attendees</b>	<p>The attendees included the following:</p> <ul style="list-style-type: none"><li>• Dr. Tom Prendergast, Vice-Chair</li><li>• John F. Michaelson, Commissioner</li><li>• Sister Sharon Becker, Commissioner</li><li>• Dr. Guillermo Valenzuela, Commissioner</li><li>• Approximately 15 community members.</li></ul>
<b>Needs Identified</b>	<p>The following needs were identified by community participants:</p> <ol style="list-style-type: none"><li>1. <b>Libraries need supervised parenting centers with books, videos, audio tapes, puzzles, board books, and toy-lending for the children and their parents.</b><ul style="list-style-type: none"><li>• Library services are needed in Baker</li><li>• Materials should cover topics related to prenatal care, breast feeding, teen pregnancy, parenting skills, physical and mental health, first aid, child care services and “how to” materials</li></ul></li><li>2. <b>Literacy programs need to be taken to the homes of parents to help them be better parents by developing literacy skills to enable them to read to, and with their children.</b></li><li>3. <b>Provide services in the home of parents – substance abuse, parenting skills, prenatal care, child abuse – need funding to focus on the collaborations between all of the organizations that currently provide the services to develop home-based services</b></li><li>4. <b>Provide “reach-out” services to parents in a positive mode, when they have experienced prior problems, rather than have them feeling they are “bad parents”</b></li><li>5. <b>Transportation needs for parents to get to parenting programs, childcare, medical care, etc. Remote</b></li></ol>

**geographical areas can be a barrier to receiving services.**

- 6. Parenting classes that specialize in caring for a disabled child and support groups for these parents.**
- 7. Senior volunteer programs to involve grandparents with families needing visit from nurturing older adults – for the parents and the children.**
- 8. Mobile units to take services to the parents and families, including drug counseling, education, job skill development.**
- 9. Parks and Recreation facilities can be a good location for parenting classes, medical clinics, immunization programs, immigration and citizenship classes, etc. Going to park can be good experience for mothers and children.**
- 10. Childcare facilities/services needed for teen parents trying to stay off of public assistance.**

# ATTACHMENT F

STRATEGIC PLAN  
ADOPTED APRIL 2000

## Road Map



•Every important journey begins with a dream and careful planning. This process may be one of the most important efforts that the citizens of San Bernardino County have ever undertaken.

•We must acknowledge that strengthening the fabric of our neighborhoods, by improving the lives of our children and families, will take a collaborative effort unlike any we have ever attempted.

•With this in mind, how do we begin?

## **A Vision ...** **Of where we want to go**



- Whether they are located in the mountains, deserts or valleys; every community in San Bernardino County will nurture its children and families to promote their maximum potential and well being.

•Young children learn and grow because of the key role their parents play in their development. Although a wide range of individuals and institutions impact the health and well-being of young children, the role of parents is paramount. Parenting is much more important during the ages birth to five than we once believed. By providing children with safe, nurturing and stimulating environments, parents and caregivers influence long-term growth and development during these important early years.

•The early years of a child's life form the foundation for later development. Attention to young children is a powerful means of preventing later difficulties such as developmental delays and disturbances. Physical, mental, social and emotional development and learning are interrelated. Progress in one area affects progress in the others. Thus, promoting child development is not limited to the academic arena of numbers and letters.

•California Children and Families Commission

## **BELIEF STATEMENTS**

- We believe that a child's basic need for protection, nutrition and health care must be met to support physical development.
- We believe cognitive and social-emotional development are supported by meeting a child's basic human needs for affection, security, social participation and interaction with others, as well as educational needs through intellectual stimulation, exploration, imitation, trial and error, discovery and active involvement in learning and experimentation within a safe and stimulating environment.

Adapted from the California Children and Families Commission Guidelines

## **Guiding Principals**

- The following dimensions of child development are considered important:
  - Physical development: Meeting children's basic needs for protection, nutrition and health care.
  - Cognitive development and social-emotional development: Meeting children's basic human needs for affection, security, social participation and interaction with others, as well as educational needs through intellectual stimulation, exploration, imitation, trial and error, discovery and active involvement in learning and experimentation within a safe and stimulating environment.
  - California Children and Families Commission



## MISSION STATEMENT

### Children and Family Commission for San Bernardino County

**The Children and Families Commission of San Bernardino County will facilitate the growth of all of our youngest citizens (prenatal to five) through an integrated system of quality child care and development, health care and increase family functioning through parent education / support. With the input of the Community, the Commission will, undergo strategic planning, implementation and oversight of a strong and effective child / family support system of services.**

- **We have a vision, why do we need a mission statement?**

- **The statement clarifies our vision and specifies our purpose. A mission statement should insure that all parties share the same vision.**



## **State Commission Imperatives and Considerations**

**County Strategic Plans must include the following focus areas:**

Improved Family Functioning: Parent Education and Support

Improved Childcare: Children Learning and Ready for School

Improved Child Health: Healthy Children

•County Strategic Plans must include: description of goals and objectives, programs to be offered, and measurable outcomes to be achieved.

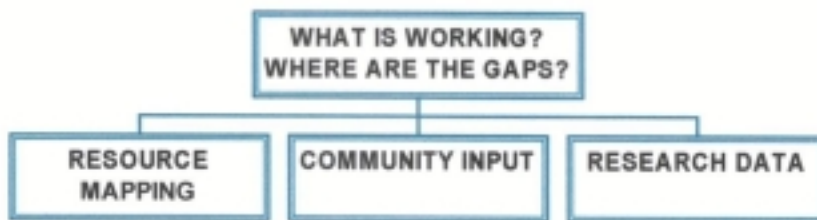
•County Strategic Plans must integrate programs and strategies into a consumer-oriented and easily accessible system.

California Health and Safety Code Section 130140(1) (C) (ii)

**The State Commission encourages County Commissions to:**

1. Mobilize their communities around critical issues affecting young children and their families and identify approaches that begin to meet their highest of broadest needs;
2. Consider opportunities for leveraging or matching County Commission revenue with other private, local, state or federal programs;
3. Consider long-range financial planning based on the expectation that County Commission allocations will become a dwindling revenue source;
4. Consider research findings in selecting the most effective and primary programs and strategies;
5. Consider outcomes/evaluation from the start/ and
6. Consider strategies that maximize long-term impact through up-front investments (e.g., education and training of caregivers and service providers).

# COMMUNITY ASSESSMENT



## Signposts for Community Assessment

**Identify and assess the resources currently serving children and families.**

**Ask and continue to ask children, families and service providers what else is needed to reach our goal.**

**Know and continue to review what the “experts” say about services to children and families (research data).**

## GOALS - OBJECTIVES - STRATEGIES



- Goal: a long-run (5-10 years) statement of desired change, based upon the vision statement.
- Objective: a precise description of desired change that is short-range and measurable, and that supports the achievement of the goal.
- Strategy: the course of action taken to achieve stated goals and objectives

• **Goals and Objectives** are answers to the question, “Where do we want to go?”

• **Strategies** are answers to, “How do we get there?” They should provide a concise description of the intervention and how it will solve / reduce the identified problem.

### Additional Considerations

“In developing their plans, County Commissions are encouraged to consider four cross-cutting considerations that affect the development of consumer-oriented and easily accessible systems:

1. Emphasizing an outcomes-based accountability framework;
2. Maximizing opportunities to develop integrated service strategies and delivery systems;
3. Encouraging cultural competence; and
4. Addressing children and families with special conditions.”



**Funding considerations are key to answering the question,  
“How do we get there?”**

- The elements in *investment plan* section of the Strategic Plan must be clear and reflect resources sufficient to accomplish the stated goals and objectives as well as unambiguous *buy-in* by *stakeholders*.

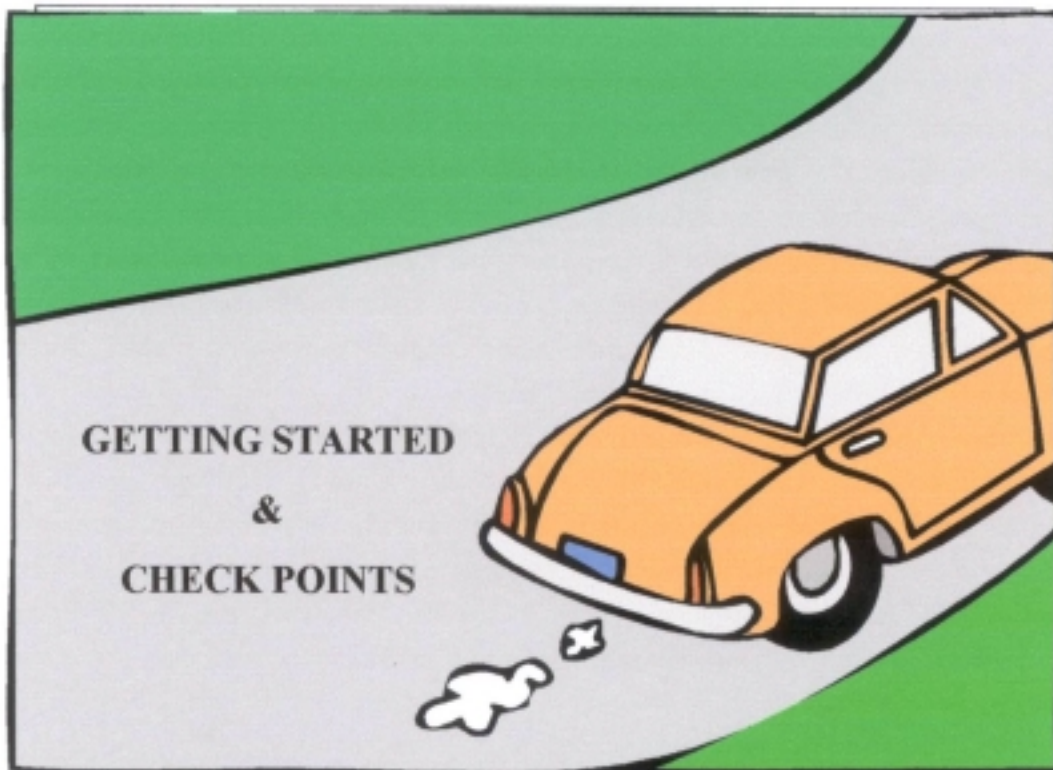
**Evaluation is the bottom line, it answers the question,  
“Have we made any progress?”**

- Periodic review must contain honest discussion of what went well as what went wrong during implementation, or since the last review.

**Evaluation / Review provides answers the question,  
“What do we need to change to make programs more effective?”**

- The strategic plan must contain clearly defined internal quality improvement process.
- The quality improvement process must be completed on a regular basis.





## **GETTING STARTED**

### **I. Committee identification / formation**

- A. Resource Mapping Ad Hoc Committee**
- B. Public Input / Research Ad Hoc Committee**
- C. Childcare and Early Education Advisory Committee**
- D. Health and Wellness Advisory Committee**
- E. Parent Education and Support Advisory Committee**

## **CHECK POINTS**

### **II. Committee Work**

### **III. Commission Input / Approval**

### **IV. Strategic Plan Development**

### **V. Commission Input / Approval**

### **VI. Public Hearing**

### **VII. Plan Submitted to State Commission**

### **VIII. RFP - Request For Proposals**

### **IX. Funding**

### **X. Evaluation**



## PROPOSED TIMELINE

- **January**
  - Resource Mapping
  - Community Input & Research Data
  - Form Advisory Committees
- **February**
  - Status Report
  - Goals / Objectives / Strategies - Actions
- **March**
  - Write Strategic Plan
- **March - Continued**
  - Commission Approval
  - Public Hearing
  - Submit to State Commission
- **April**
  - Release RFA
  - Technical Assistance
- **May**
  - Review / Score RFAs
- **June**
  - Fund Programs



## ADDITIONAL INFORMATION

- Resource Mapping Ad Hoc Committee meetings
- Public Input / Research Data Ad Hoc Committee meetings
  - To be held at different times on the same days - at the same location
- Status Report should be complete mid February
- Goals / Objectives / Strategies - Actions complete by March 1
- Public Hearing to be held mid March
- Information regarding locations, dates, and times will be posted on the Commission web site, mailed out to those on the Commission mailing list and published in newspapers.

**STRATEGIC PLAN**  
**ADOPTED APRIL 2000**

## **ATTACHMENT G**

**Ad Hoc Committee Findings**



## RESOURCES

<b>Child Development - Care</b>	<b>Child Health &amp; Wellness</b>	<b>Parent Ed &amp; Support</b>
Head Start – State Pre Schools	WIC	Counseling & Family Services
Care & Dev Programs (Public & Private)	Prenatal – Well Baby Clinics	Teen Parent Programs
Licensed Care Providers	Healthy Families / Medi-Cal Enrollment	Tobacco Alcohol Drug Prev / Intervention
Family Care Providers	Behavioral Health	Healthy Start Programs
Foster Care	Hospitals (HASE & other Organizations)	Family Service Centers
City Human Services – Child Care	Healthy Start Programs	La Leche League
Resource & Referral (SBCSS & Pomona)	Family Service Centers	Lamaze Program
<b>Expert Advisors – Research Data</b>	La Leche League	Churches
	Lamaze Program	Support Groups – 12 Step & Others
Early Start Publications & Reports	Children's Services	Hospice
SBCO Child Care Planning Report	Child Protective Services	Adult Schools
State Commission Publications	Early Start Program	Community Colleges
GSA Web site & Publications	Inland Regional Center	Universities
Packard Foundation Publications	<b>Expert Advisors – Individual &amp; Groups</b>	Community Classes (Cities & Hospitals)
Child Care At It's Best – UC Davis	I Am Your Child – Reiner	Jobs Training & Placement Programs
CDE – Child Development Unit	Public Health & School Nurses	City Community Services (food, shelter, etc)
Rand Corp Studies & CDC Studies	Paul La Buffe DeVereux	CPR Classes
Children Now Report Card	Dr. Brasselton	English classes / support
Children's Network Reports	Dr. John Marcellas	
40 Developmental Assets & West Ed.	Bonnie Bernard	
Community Colleges & Universities	NAEYC – CAEYC – AAEYC	
CA Child Care Portfolio	Dr. John Bradshaw	
	Investing In Our Children – Rand Study	

*The listing is topical with  
information on file at the  
Commission Office.*

Ad Hoc Committee Findings

Revised 3-1-00

## RESOURCES

Professional Committees	Community - Public Support	Special Needs Services
Interfaith Councils	Catholic Charities	Regional Centers
Case Management Councils – Children's Network	Lutheran Social Services	Casa Colina
Child Abuse Prevention Council	Salvation Army	Loma Linda Children's Hospital
Local Child Care Planning Council	Hospital Comm. Benefit Prog	Disease / Disabilities Sup Groups
Family Child Care Association	United Way	SELPAs
Homeless Coalition	Domestic Violence Shelters	<b>Observations</b>
SBCO Child Advocacy Program	PTA	* Missing Connections!!!
Domestic Abuse Coalition	SARBs	* Disconnect between:
Quality Consortium (State Funded)	Cal Works	Professional, children & families
Community Care Licensing	Sheriff Dept. & P.D.s	* Non-Profits = Connector
Child Care & Group Homes	TURN – Tobacco Free SBCO	* Faith Community = Connector
Inland Empire Welfare Reform	SB Against Drugs	* Healthy & Head Start = Connector
Children's Network	MADD	* Need More Parent Input
Focus West	<b>Printed Materials</b>	* Transportation Needs
Fontana Collaborative	SBCO Resource Dir (Electronic)	* Need For Profit Agencies Input
High Desert	UCR Web Site & Print Copy	
Building A Generation – Redlands	<b>Communication Vehicles</b>	
Peri-natal Coalition	Billboards	
Job Corps	Print Media	
Child Care Capacity Building	Public Radio & TV	
CA Asso for the Ed of Young Children	Internet – Web Sites	
	For Profit Radio – PSAs	
	Church bulletins & newsletters	
	City Human Services (Flyers)	

*The listing is topical with information on file at the Commission Office.*

*Ad Hoc Committee Findings*

*Revised 3-1-00*

## NEED THEMES

<b>Child Care &amp; Development</b>	<b>Health &amp; Well Being</b>	<b>Parent Education &amp; Support</b>
Home Visiting Programs	Home Visiting Programs	Home Visiting Programs
Early Dental Education	Early Dental Education / Care	Early Dental Education
Libraries –Parent & Child Prog / Classes	Libraries–Parent & Child Prog / Classes	Libraries –Parent & Child Prog / Classes
(Need multiple copies)	(Need multiple copies)	(Need multiple copies)
Cultural & Ethnic Sensitive Programs	Cultural & Ethnic Sensitive Programs	Cultural & Ethnic Sensitive Programs
Tobacco Cessation / Prevention	Tobacco Cessation / Prevention	Tobacco Cessation / Prevention
Pre & Peri Natal Issues – 2nd Hand Smoke	Pre & Peri Natal Issues – 2nd Hand Smoke	Pre & Peri Natal Issues – 2nd Hand Smoke
Domestic Violence Counseling	Domestic Violence Counseling	Domestic Violence Counseling
Extended Family Involvement & Ed	Extended Family Involvement & Ed	Extended Family Involvement & Ed
Warm Line” Service	Warm Line” Service	“ Warm Line” Service
	Support Groups – Grandparent Caregivers	Support Groups – Grandparent Caregivers
	Support Groups –Family of Disabled / Ill Child	Support Groups – Family of Disabled / Ill Child
Mobile Services - Transportation	Mobile Services - Transportation	Mobile Services - Transportation
Child Care – Teen Parent Programs	Child Care – Teen Parent Programs	Child Care – Teen Parent Programs
Parks & Rec Locations for 1 Stop Serv.	Parks & Rec Locations for 1 Stop	Parks & Rec Locations for 1 Stop Serv.
Increased Child Care Provider Pay		
		Mommy and Me Classes
		Grandparents As Parents
		Mr. Mom Classes
Infant Care ***		
Pre -School / More Day Care ***		
Off Hours / Weekend Care ***		
	Substance Abuse Prev / Intervention	Substance Abuse Prev / Intervention
Transportation Services ***	Transportation Services ***	Transportation Services ***
Improved Referral Services ***	Improved Referral Services ***	Improved Referral Services ***
Dwindling Resources	Dwindling Resources	Dwindling Resources
Care for Special Needs Children		Support for families of Special Children
Handicap Assessable Head Start Centers		

***The listing is topical with  
information on file at the  
Commission Office.***

\*\*\*High Priority

**STRATEGIC PLAN**  
**ADOPTED APRIL 2000**

**ATTACHMENT H**  
**Report To The Commission**  
**On Proposition 10**

# **REPORT TO THE COMMISSION ON PROPOSITION 10**

**San Bernardino County Superintendent of Schools**

## **Desert/ Mountain Operations**

**Student Services Division**

**18000 Apple Valley Road,**

**Apple Valley, CA 92999**

**(760) 242-6322**

**Brad Hoyt, Area Director**

**Prepared by:**

**Paul Rosenzweig, Principal**

**In conjunction with Student Services staff**

## EXECUTIVE SUMMARY

The purpose of this report is to provide the commission with input regarding the unmet needs of children under the age of five who reside in the Desert/ Mountain region of the County. This region includes all of the High Desert, Barstow, Needles and the area served by the Snowline School District (Wrightwood, Phelan and Pinon Hills).

The San Bernardino County Schools Office provides specialized services to children with identified disabilities. In doing so, our staff is aware of the many needs of families with young children and the obstacles many of these children face. Our services address some of these needs and provide much-needed support to eligible families. However, there are significant unmet needs in being able to link families to all necessary services, in reaching families whose children are "at-risk" but do not have an identified disability, and in integrating our services with other available services. Isolated, discrete services, even when delivered in a quality manner, do not equate with coordinated, integrated services. Both the children and families we serve, and many whom we would like to serve but do not meet our eligibility criteria, would benefit from more effective outreach and a better coordinated service delivery model.

The West End region of the County has established three preschool centers that have been very successful in addressing these issues. There, both handicapped and non-handicapped students join in programs to meet the needs of all children. Family services, Parks and Recreation and the state pre-schools have joined with the County schools to make these centers a reality. The preschool center can serve as the focal point for information, services and outreach efforts to parents.

This report, and the companion West End proposal, reviews the literature and research basis *which identifies* the needs of preschoolers and the key elements of an effective program. In the West End, three such centers are now in operation. There are none here in the High Desert. If there were, we could house both State Preschools and Special Education preschools, enabling both groups of children to benefit from the interaction. Our nursing services could link with Public Health nursing services. After-school child care *which* is safe and developmentally appropriate could be provided, a particularly acute need with handicapped children. Parent education programs could be presented at the site where their children attend. Lastly, the Regional Center and other interested agencies would have a community location to coordinate services.

This proposal is to establish three Regional Pre-school facilities, one each in Victorville, Hesperia and Barstow. These three centers would reach the majority of the High Desert population. They would be based on the proven model of the preschool centers in the West End.

Your consideration of this request is much appreciated.

## BACKGROUND

(Note: The information in this section is also contained in the West End report, which was presented by Lisa Kistler on behalf of West End SELPA and Student Services)

In the 1994 report entitled Starting Points, the Carnegie Task Force on Meeting the Needs of Our Youngest Children described the quiet crisis that faces infants and toddlers and their families. Starting Points reported that "of the 12 million children under the age of three in the United States today, a staggering number are affected by one or more risk factors that make a healthy development more difficult:

- Seven percent of babies are born with low birth weight (less than 5.5 pounds), and are therefore at greater risk for disabilities and death. For children born to smokers, the rate is nearly twelve percent.
- One-fifth of all expectant mothers, and one-third of African American, Latina, and American Indian expectant mothers, receive no prenatal care in the first trimester of pregnancy. Four percent of all expectant mothers receive no care at all or receive care very late in their pregnancies.
- One-fourth of all two year olds in the United States - more than one million children do not receive their full series of recommended immunizations.
- A total of 2.2 million children under the age of three have no health insurance either through employer coverage or Medicaid.
- The incidence of child abuse and neglect has increased dramatically over the last decade. The number rose from 1.4 million in 1986 to more than 2.8 million in 1993. (This is an estimate of actual cases of abuse and neglect, not just reported cases.) During the same period, the number of children who were seriously injured quadrupled.
- Each year, some 21,000 newborns are abandoned or become boarder babies, remaining in hospitals after they are medically ready to leave.
- The United States has the highest teen pregnancy rate among developed countries. About one million teenagers become pregnant each year; 80 percent of those pregnancies are unintended, and almost 50 percent end in abortions.

These negative realities can be overcome!

Current research indicates that brain development continues after birth but before age five. It also indicates that babies raised by caring, attentive adults in safe, predictable environments are better students during school years than infants and toddlers raised with less attention in less secure environments. Early care has a decisive and long lasting impact on how people develop, their ability to learn, and their capacity to regulate their own emotions. The ways that parents, families, and other caregivers relate and respond to young children and the ways they mediate children's contact with the environment directly affect the formation of neural pathways. The efficacy of intensive, well designed, timely early intervention has been demonstrated to improve the prospects -- and the quality of life for children who are considered to be at risk of cognitive, social, or emotional impairment.'

"The Implementation of Proposition 10: The California Children and Families First Act of *1998*" includes a review of literature which suggests a summary of the risk factors that are associated with cognitive delay and behavioral problems?

- Inadequate prenatal care. The risk of delivering a low-birth-weight baby with physical, behavioral, or intellectual difficulties increases dramatically when a woman does not receive adequate prenatal care.
- Infrequent or dysfunctional parent-child interaction. Positive parent-child interactions are associated with higher levels of cognitive development and better school performance. Punitive, harsh, indulgent, or neglecting parenting styles are associated with behavioral problems in children.
- Poverty and single parent families. Poverty during a child's early years is linked to cognitive delay, behavioral problems, and increased levels of developmental delay. Single parenthood is associated with an increased risk of dropping out of school and higher levels of anxiety and chronic health problems for the children.

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<sup>1</sup> Rima Shore, Rethinking the Brain, New Insights into Early Development, Families and Work Institute, 1998.

<sup>2</sup> Literature reviewed includes: David C. Illig, California Research Bureau, California State Library, *Birth to Kindergarten: The Importance of the Early Years* (Sacramento, CA: February 1998), pp. 2-6; *Starting Points: Meeting the Needs of Our Young Children* (Carnegie Corporation of New York 1994); Lynn A. Karoly, et. Al., *Investing In our children* (Santa Monica, CA: RAND, 1998), pp. 1-4.



- Health and nutrition. Proper nutrition for pregnant women and young children is strongly correlated with short and long-term outcomes for children. Maternal depression and parental antisocial behavior can also affect a child's behavioral development. Maternal smoking during pregnancy is associated with higher rates of preschool and school-aged behavioral problems.
- Violence. Children exposed to either family or neighborhood violence suffer anxiety, sleep disturbances, and may be less attentive in school. Children exposed to trauma before three years of age may have difficulty developing trust and autonomy. The developmental impact of exposure to violence is even more pronounced when a victim of the violence is the child's parent or other caretaker.

The goal of early intervention is to optimize each child's learning potential and daily well being, as well as to increase opportunities for the child to function effectively in the community? For most children, mental and physical development seems to just happen as a result of interaction between innate capabilities and appropriate environmental experiences. However, for infants and toddlers experiencing the preceding **risk** factors, well planned, integrated intervention strategies are required.

The Infant Health and Development Program (1990) and the Yale Family Support Project (1985) indicate that interventions targeted at the parent/childcare giver appear to be the factor that assists the child in maintaining the advantage stimulated by early intervention. The family is the ecological mechanism that facilitates and maintains the impact of early intervention services. "... the primary intervention target should not be the child, but the child within the family." (p8)

Evaluation studies have failed to determine that any one model of early childhood education is the most effective. However, studies have pointed the way to some probable dimensions of effective programs. The following elements are quality indicators of successful programs (Brekken, 1986; Bruder, 1993x; Safford, 1989; Strain, 1986):

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<sup>3</sup> Ruth Cook, Annette Tessier, M. Diane Klein, Adapting Early Child Curriculum for Children in Inclusive Settings, Prentice-Hall, Ne4w Jersey, 1996

- A well-defined program model and philosophy with staff commitment to the approach being implemented.
- A consistent system that promotes a high level of family involvement and support with an emphasis on caregiver-child interaction.
- Extensive and cooperative team planning and program implementation.
- Interdisciplinary and interagency coordination.
- Integrated delivery of services.
- Facilitation of functional skills to enable children to cope with environmental expectations as determined through individualized program and service planning.
- Flexible adaptation of intervention techniques to determine those most effective in meeting child-and family-focused outcomes and objectives.
- Strong emphasis on language and social skills development.
- Incorporation of "best practices" as they are continually determined through practice and research in the field.
- A well-designed system for staff and parent training and development.
- Ongoing evaluation of program effectiveness with program revision as needed.

As the San Bernardino County Commission develops its strategic plan and timeline for implementation of the California Children and Families First Act of 1998, the major types of programs specified below must be targeted:

- Prenatal care. As discussed earlier, women who receive prenatal care have a better chance of delivering healthy, full-term, normal-weight babies. Home visitation.
- Home visiting by public health nurses, social workers, and/or early childhood educators give first-time parents and high-risk families assistance. These visits focus on improving parent-child interactions, parenting skills, and child development. Visitation programs can increase the use of prenatal care, maternal life-course outcomes, health and nutritional outcomes, and reduce child maltreatment.
- Intensive cognitive development intervention. The implementation of intensive intervention programs for infants who are at risk minimizes cognitive delays because of lack of early stimulation.

- Intensive family support. Programs include childcare services and either home visits focused on family functioning or parent education sessions at a center.
- Community-based family support programs. Early childhood education family resource centers provide families access to information about parenting strategies aimed at promoting healthy child development. These centers can provide case management and referrals to social and health services.
- Preschool programs. Cognitive stimulation and a curriculum that promotes social competence, whether in a part-day or a full-day setting, can minimize cognitive delay and behavior problems in at-risk children. High quality preschool programs include parenting education, nutritional and health services, and links to other community services.
- Childcare. After preschool childcare programs for children with and without disabilities can provide safe, developmentally appropriate environments for children.

#### PRE-SCHOOL CENTER PROPOSAL

In the West End of the County, a partnership between the San Bernardino County Superintendent of Schools, the West End Special Education Local Plan Area, and the ten member school districts has created three preschool centers. The centers have proven to be successful in meeting the needs of children with disabilities and their families. These centers Mulberry Early Education Center in Rancho Cucamonga, Maple Early Education Center in Ontario, Live Oak Early Education Center in Chino Ills) are community based and serve children with disabilities and their typically developing peers. Each is unique and represents the neighborhood in *which* it is housed. Regular preschool programs, such as State preschool and City Park and Recreation programs, operating in the area have partnered with the special education programs.

A need exists to replicate the components of these three centers throughout the County. This is especially true in the High Desert region where no such centers exist, and the need for services is very high. If funds could be obtained to establish preschool centers, they could contain the following key elements which research indicates are needed to effectively serve children with disabilities or limitations:

- The enhancement of the development of infants and toddlers to minimize their potential for developmental delay;
- The reduction of the educational costs to our society by minimizing the need for special education and related services after infants and toddlers reach school age;
- The minimization of the likelihood of institutionalization of individuals with disabilities and the maximization of the potential for their independently living in society;
- The enhancement of the capacity of families to meet the needs of their infants and toddlers; and
- The enhancement the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations.

Factors of these programs include the following:

- Case management services to families - allows children and families access to services and support in developing self responsibility and advocacy.
- Coordinated interagency model of service delivery - allows the family and ultimately the child to benefit from the expertise and funding of several disciplines such as public schools, public health, social services, behavioral health, children's services, probation, etc. This substantially reduces duplication of efforts and funding and can provide a seamless delivery of services.
- Fanmily centered services - views the child's development within the context of the family system. Parents/caregivers have the right and responsibility to share in decision-making regarding their child's care and education.
- Smooth transition as the family moves from one service or system to another - provides opportunities for planning and implementation of transition activities.

A continuum of programs and service options which are age appropriate occur in natural settings and are targeted to the identified need(s) and risk factors) of the child and family

#### Age

Birth - 2.6

#### Intervention

Home visits

Parent training

	Case management
	Interagency planning
2.7 - 2.11	Home visits and center based activities
	Parent training
	Case management
	Interagency planning
	Transition to preschool programs
3 - 5	Targeted interventions for non-intensive needs
	Preschool interventions for more intensive needs
.	Integrated settings with children with disabilities and typically developing peers
	Transition to kindergarten

For children with identified disabilities, these programs are fully funded from Federal, State, and local school districts. However, they are often not available for children who do not meet the eligibility criteria for a handicapping condition, yet often have multiple needs.

All of the components of the highly effective programs and services can be replicated to serve infants, toddlers, and young children with risk factors of cognitive, social or emotional impairment.

Unmet needs exist in the following areas:

- After school childcare which is safe and developmentally appropriate for students with multiple risk factors including disabilities. Funding for this childcare would require coordination from existing and newly developed funding sources.
- Neighborhood based facilities which meet licensing requirements for indoor and outdoor space. They must also meet architectural requirements of the Americans with Disabilities Act. They must reflect uniform needs of the communities they serve.
- One stop, wrap around services for health, social services, referral, and support in order to access multi-funded required interventions. Each center would meet the unique needs of the population it serves.

If we miss early opportunities to promote healthy development and learning, later remediation may be more difficult and expensive, and may be less effective given the knowledge, methods, and settings that are currently available. The California Children and Families First Act of 1998 provides the focus, the stimulus, and the funding to effectively mobilize on behalf of young children and their families.

The establishment of local preschool centers offering a broad range of services, opportunities for handicapped and non-handicapped children to learn and play together, and provide the opportunity for service agencies to reach out to the local communities, would be a great benefit to this region.

# ATTACHMENT I

Data / Research Documents / Publications

Data / Research Documents / Publications  
Utilized In Strategic Planning

STRATEGIC PLAN  
ADOPTED APRIL 2000

- **National Information**

America's Children: Key National Indicators of Well-Being, Federal Interagency Forum on Child and Family Statistics 1998

CHILD HEALTH USA 1998, U.S. Department of Health & Human Services  
Common Purpose, Lisbeth B. Schorr

Investing In Our Children, RAND

The NICHD Study of Early Child Care, Nation Institute of Child Health  
and Human Development

- **Statewide Information**

California Department of Education Demographics

California Report Card 99, Children Now

California Research Bureau: "Building Bridges for California's Young  
Children:  
A 12-Point Agenda to Enhance Proposition 10"  
"Thoughts on Implementing Proposition 10"

"Community Voices", The 100% Campaign  
funded by The California Endowment

"OUTCOMES: The Real Key to Systems Change and Sustainability",  
Center for Collaboration for Children,  
California State University Fullerton

The California Child Care Portfolio 1999, California Child Care  
Resource & Referral Network

"What Works – Policy Brief" series, Foundation Consortium

- **Countywide Information**

"CalWORK Reports 1998 and 1999: San Bernardino County", Rand  
Children's Network Annual Report 1999, for San Bernardino County



“1999 Needs Assessment”,  
Child Care Planning Council for San Bernardino County

“Head Start Program Narrative 1998-99”, Preschool Services Department  
San Bernardino County

“Perinatal Substance Abuse Plan”, Department of Behavioral Health  
San Bernardino County

“Report To The Commission on Prop 10,  
San Bernardino County Superintendent of Schools  
By: Principal, Paul Rosenzweig

“San Bernardino County Community Health Database”, Research Project,  
University of California, Riverside, Dr. Edgar W. Butler  
1. Agencies & Grassroots Organizations  
2. Child Care Facility Directory  
3. First Preliminary Results  
4. Directory: Healthcare Facilities

“San Bernardino County Department of Public Health Maternal, Child &  
Adolescent health Needs Assessment & Local Plan 1999 – 2004”,  
Thomas Prendergast, Jr. MD MPH  
Bruce Smith, MD, MPH

The California Child Care Portfolio 1999, California Child Care  
Resource & Referral Network

**STRATEGIC PLAN**  
**ADOPTED APRIL 2000**

**ATTACHMENT J**

**Demographics & Maps**  
**For**  
**San Bernardino County**

*ATTACHMENT J  
Demographics & Maps  
For  
San Bernardino County*











